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A DIRECTORY
OF
INSTITUTIONS AND SOCIETIES
DEALING WITH
TUBERCULOSIS
IN THE UNITED STATES AND CANADA

COMPILED BY LILIAN BRANDT

PUBLISHED BY
THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE
CHARITY ORGANIZATION SOCIETY OF THE CITY OF NEW YORK
AND
THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION
OF TUBERCULOSIS

1904

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BY

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LOCATION OF INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS IN 1904.

INTRODUCTION

This Directory has been prepared with two objects in view. It is designed, first, to serve as a guide to the physicians and friends of consumptives, whether poor or well-to-do, by furnishing accurate information in regard to existing institutions. At the same time an attempt has been made to present a bird's-eye view of all the organized work that is being done in the United States and Canada for the cure and prevention of tuberculosis.

While the inclusion of an institution in this volume is in no sense to be taken as a recommendation of it, by either the New York Committee or the National Association, still, on the other hand, the attempt has been made to exclude all sanatoriums of an undesirable character: one, for instance, has been dropped from the list because it advertises a new specialty every few months, although just at present the specialty is tuberculosis; another, because the most prominent feature of the treatment provided is the injection of a serum of secret manufacture; another, because it has displayed such zeal and persistence in advertising its superlative excellences as to remove any possibility of confidence. Several others, it should be added, with which some correspondence has been had, have been excluded for no such reason, but merely because, while they do not refuse to admit consumptives, they make no special provision for the treatment of tuberculosis, and have an insignificant number of such cases among their patients. Boarding houses and hotels without medical supervision or sanatorium regulations have not been included. A reliable list of such as are open to consumptives and can be recommended by a physician would be most useful.

The introductory chapters in each section furnish a criterion for judging existing institutions and will in many particulars offer a guide to persons who are planning new ones. In regard to each institution the aim has been to give facts which will enable the physician to form a just estimate of it and which will give the patient and his friends some idea of its character.

In this connection it seems desirable to repeat the warning, which cannot be sounded too frequently or too emphatically,

against leaving home for any place without counting the cost. From California, Colorado, New Mexico, Arizona, and the Carolinas, come protests against the barbarity of physicians who send patients in an advanced stage of consumption far from home and friends, and even from medical advice, with insufficient means to supply the necessities of life. There is no climate which will avail to cure consumption if the other elements in the treatment are privation, worry, and homesickness. For a consumptive in any stage of the disease to go to a health resort with the idea of supporting himself while he gets well is folly, if not madness. There is always, at such places, an excessive supply of the kind of labor he can offer, and wages are proportionately low. The cost of living, on the other hand, is apt to be much higher than the average. Furthermore, it is necessary that exercise, even in the earliest stages of the disease, should be taken under the direction of a physician. It is useless, in brief, to go to the most favorable climate unless one has the means to meet a year's expenses, including a reserve for emergencies.

How far the second object of the Directory has been attained it is difficult to judge. It is believed that the list of institutions exclusively or chiefly for the treatment of tuberculosis, and the list of associations for the prevention of the disease, are practically complete. There may be, however—and it is to be hoped that there are—many omissions of almshouses, hospitals for the insane, and prisons and reformatories, in which consumptives are segregated and given special care. No attempt has been made to show what is done by charitable societies in caring for poor consumptives in their homes, because, although the work itself is extremely important, an account of the variations in method would be somewhat outside the scope of the present volume and a complete inventory would include practically all the relief giving societies in the country.

The United Hebrew Charities of New York City may be cited as a conspicuous example of a society which has for several years been devoting special attention to the tuberculosis problem among the families under its care. All of the families in which consumption is the main problem are placed under the care of a special committee. The work of this committee begins with a careful medical examination, on the results of which subsequent action is determined; treatment in a sanatorium is

provided, when this is possible; when the patient is obliged to remain at home desirable medical treatment is supplied and necessary food; suitable work is secured for the improved consumptive, frequently in the suburbs or in country towns; transportation is provided when a change of climate is advised; and in all cases friendly visiting and instruction of the consumptive and his family are prominent features of the treatment.

Much can be done for consumptives who cannot or will not leave home. For those in the early stages dispensary treatment, accompanied by proper living, may effect a cure, and sometimes it is not even necessary that the patient should stop working. Many of those in whom the disease is farther advanced are unwilling to leave home, and when there is little hope of recovery there is no reason why they should be forced to do so, unless they are a menace to those about them. In all kinds of cases good results have been secured at home by providing suitable medical advice and necessary food and carefully supervising the family life. It may not be possible, in most instances, on account of the advanced stage already reached by the consumptive before the family comes under the care of the society, to effect a permanent cure, but it is always possible to prevent the patient from being a source of danger to others and to teach his family what they should know for their own protection in the future.

To point out the conspicuously weak spots in what the French would call our "armament against tuberculosis," would be practically to enumerate the different parts of the armament. For there is no class of institutions, with the possible exception of sanatoriums for the well-to-do, of which there is as yet anything approaching a sufficient number. More than a hundred thousand deaths are caused by consumption each year in the United States. The total number of beds for consumptives, in all kinds of institutions, is less than eight thousand, and almost one-third of them are in the state of New York. There is imperative need of free sanatoriums for early cases and of sanatoriums for persons who are able to pay five or six dollars a week. Nor is it desirable that these should be massed in the Adirondacks, Colorado, and the southwest. They should be distributed over the country. In Massachusetts and New York, state sanatoriums are now in operation; the Rhode Island buildings are completed and will be occupied in 1905; New Jersey has secured a site and has appropriated a sufficient

amount to erect and equip buildings; an initial appropriation has been made in Minnesota and in Ohio; and in sixteen other states more or less fruitful efforts have been made. What has been done is only a beginning. Each state should have its state sanatorium and each city of considerable size should provide its own municipal institution. There is need also of industrial colonies where persons in whom the disease has been arrested could be employed in light outdoor work, such as horticulture and the keeping of poultry, pigs, and bees, under conditions which would prevent relapse and would enable them to be at least partly self-supporting. There should be well-equipped free dispensaries in every city. There should be in every city a system of control by the department of health and a private organization to instigate and supplement public efforts.

All these are pressing needs. But there are several other respects in which the United States is peculiarly negligent. One of these is the care of consumptives in public institutions. With an adequate sanatorium and hospital system there will be no reason why consumptives should be found in almshouses. Pending this solution of the question, however, they should be housed in a separate wing, if there is only one building available, or separate wards, or in tents. The extension of sanatorium provision will not solve the problem of the consumptive in hospitals for the insane and in correctional institutions. It is of the utmost importance to the welfare of the public that this question should receive intelligent consideration. There is the less excuse for neglect in this line of work for the control of tuberculosis because experience has already demonstrated that favorable results can be obtained from comparatively slight expenditures.

Another glaring deficiency in the American armament is in provision for advanced cases. Houses of rest are urgently required, where patients who are not suitable candidates for entrance to sanatoriums for early cases and who cannot be cared for properly in their homes can be received and made comfortable in their last months. Ultimately, with the development of facilities for preventing tuberculosis and for curing it in its inception, the need for this class of institutions will be practically eliminated; but for some time to come they will be essential.

A third respect in which the United States is especially negli-

INTRODUCTION

gent is in its provision for children suffering from non-pulmonary tuberculosis. England has a large hospital for such cases at Margate and in France there are seaside hospitals for them with an aggregate capacity of four thousand beds. The only attempt to provide seaside treatment in America is the experimental camp of the New York Association for Improving the Condition of the Poor. At the Convalescent Home of the Children's Hospital of Boston the open-air treatment in the country has been inaugurated; and at Loomis and Stony Wold Sanatoriums and Seton Hospital, in New York State, special provision is made for children. But these are the only efforts of the kind that have been discovered.

There are many signs that interest in this work of controlling and eradicating tuberculosis is only in the incipient stage, if a technical phrase may be used, and the indications are that it is rapidly developing. There is every reason to hope that the second edition of the Directory will be twice the size of this volume. It may not be out of place to express another hope, for which there is also a basis, that in the second edition it will not be necessary to vary the spelling of the word "sanatorium."

It is intended to publish revised editions at whatever intervals may be demanded by the progress made. With this in view all readers are asked to send corrections of the material included in this issue, information in regard to new organizations of any sort, and suggestions for increasing the value of the Directory as a book of reference.

L. B.

PART I

SANATORIUMS, HOSPITALS AND CAMPS

I.—ESSENTIAL FEATURES IN SANATORIUMS
FOR INCIPIENT CASES

EDWARD L. TRUDEAU, M. D.

PRESIDENT OF THE ADIRONDACK COTTAGE SANITARIUM

SANATORIUMS FOR THE TREATMENT OF INCIPIENT TUBERCULOSIS

Sanatoriums may be broadly divided into two classes: those which aim at the restoration of patients, and those which are merely designed on humanitarian principles to care for hopeless cases, and to prevent them from infecting others. Formerly a consumptives' hospital was regarded simply as an asylum for hopeless cases, and such institutions, for far advanced cases, are as much needed as ever on humanitarian grounds, and to prevent such cases from infecting those about them. The modern sanatorium, however, represents an attempt to cure, and keeps this end in view in limiting admission to favorable and early cases. It recognizes that what success is to be obtained in treating its patients is dependent on an early diagnosis, and on a thorough application of its methods of treatment before the general health has become much impaired and the organic damage extensive.

The first requisite, therefore, for admission to these institutions is that the case should be a truly incipient one, or at least that there should be a fair prospect of arresting the disease. The earlier the tuberculosis is detected and the patient informed of the true nature of his malady, the better will be the chance of cure, for if he be deceived as to the serious meaning of his slight symptoms he is not likely to make willingly the necessary sacrifice of time and money, and would lose the opportunity for restoration. About seventy-five per cent of applicants are refused at the sanatoriums for the treatment of incipient tuberculosis because their cases are considered too far advanced, though some institutions take a fair proportion of advanced cases.

The modern sanatorium represents the most favorable environment attainable for the consumptive, and depends for its efficiency on the following factors: a good climate, buildings specially adapted for this method of treatment and for protecting its inmates from infection, facilities for living an outdoor life in all kinds of weather, good food, and strict medical discipline

so far as rest, exercise, and the details of the daily life are concerned.

Climate of late years has not been considered so essential as formerly. It has been shown undoubtedly that excellent results are obtained by the open-air method in sanatoriums situated in climates laying no special claim to any favorable influence on tuberculosis, but it cannot be denied that a good climate must be a factor of considerable value in securing the most favorable environment attainable for the consumptive, and that climate should always be utilized when available.

The situation of the institution, so far as exposure, drainage, water supply, shelter from prevailing winds, and freedom from dust-laden air, are concerned, is universally recognized to be of the utmost importance, as well as the construction of the buildings.

Either the tent, the cottage, or the pavilion plan is generally adopted by the most successful institutions, as tending to segregate patients and to afford them the best conditions of sunlight, ventilation, and convenience in living the outdoor life which is considered essential to cure.

Special care of the expectoration, scrupulous cleanliness, sunlight, abundant air space and ventilation, are relied upon and have been proved thoroughly efficacious to protect patients from any evil effects of aggregation. There is much less chance for a susceptible individual to become infected in a well-planned and well-directed sanatorium than anywhere in the ordinary walks of life. Facilities that enable the patient to sit out of doors in any kind of weather, and to sleep out of doors on sheltered verandas at night when ordered by the physician, are among the important features of the modern sanatorium. An infirmary should also always be available, where the acute relapses and complications of the disease can be treated by keeping the patient in bed, often for weeks at a time, with good nursing, and yet not interfere with his open-air treatment.

Everything is planned to encourage living out of doors with comfort in any kind of weather, and to render this in no way irksome. This habituation to an out-of-door life, and to the natural changes of temperature, and inclemencies of weather, is a potent factor in invigorating the patient and in increasing his resistance to a disease which is so largely due to an indoor life and its evil consequences.

Cold, tepid, or hot baths are an important element of the treatment, and should be easily available to every patient. The quantity and quality of the food, the intervals of rest and exercise, the occupations and amusements of the patients, are all under the control of the physician, and discipline is the keynote of success. The patient lives constantly under the direction of the physician.

The duration of the patient's treatment should be from five to six months or more, as little that is permanent in the way of cure can be accomplished in most cases by a shorter stay. The education the patient receives in these institutions is of the utmost value to him in teaching him, as he can learn nowhere else so effectually, how to protect himself and others from infection, and how to live and care for himself if relapses occur after he has left the institution.

E. L. TRUDEAU.

II.—ESSENTIAL FEATURES IN HOSPITALS FOR ADVANCED CASES

LAWRENCE F. FLICK

DIRECTOR OF THE HENRY PHIPPS INSTITUTE

ESSENTIAL FEATURES IN HOSPITALS FOR ADVANCED CASES

The success of the crusade against tuberculosis which now is being preached and inaugurated all over the civilized world will in a great measure depend upon the manner in which the resources at hand are put to practical use. Tuberculosis is so prevalent, so widespread, and so paralyzing in its influence that a movement for its extermination necessarily becomes a herculean undertaking. So many things that could be done suggest themselves to one that one hardly knows what ought to be done first. With limited resources it is therefore of some importance to inaugurate first those measures which promise the best returns with the least outlay of money.

Of the measures which may be classed as of importance the establishment of hospitals for advanced cases easily stands first. This does not appear to be so at first blush, but proves to be so upon analysis of the various measures in all their influences.

Tuberculosis is a contagious disease which depends upon intimate contact for dissemination and which probably never is communicated except by intimate contact. This contact, moreover, must take place in an enclosure and under proper conditions. Among human beings the lower down in the scale of prosperity the better are the conditions for implantation, because not only are the dwellings in which the poor live the most ideal enclosures for the propagation of the disease, but the poor themselves constitute the most ideal soil for its implantation and growth.

We know from clinical observations, moreover, that the last few months of life of a consumptive constitute the time when seed for new implantations is most generously given off. This is the time, too, when the person afflicted, on account of his symptoms, is apt to house himself closely and thereby create the contagious environment which is most potent for new implantations. Here, again, the lower in the scale of prosperity the greater the likelihood that the house occupied by the consumptive will be made a contagious environment capable of giving implantations.

In the crusade against tuberculosis the most important work is the prevention of implantations. When the tubercle bacillus

once has been implanted in a person it is a long and difficult process to get it out of him. Even when physical health has been restored to such a person he may contain tubercle bacilli in his tissues and at times give them off as a seed supply for new implantations. A person who never has had an implantation of tuberculosis is therefore in every way better off and is a more valuable citizen, other things being equal, than a person who has had tuberculosis, however well the latter may become. This, of course, is entirely from the viewpoint of preventive medicine.

If the tuberculous matter given off by all tuberculous subjects in the world could be sterilized immediately when given off no new cases of tuberculosis could arise, and when all the present tuberculous subjects would have died human tuberculosis would be extinct. Whilst to accomplish this is theoretically possible, practically it is impossible. A very considerable proportion of the human race at the present time is tuberculous. Many of these people need only to be told what to do to make themselves harmless to others. Many more have the disposition to do what is necessary, but lack the intelligence, the knowledge, or the means. Some have the intelligence and the means, but not the disposition. Others, perhaps a few only, lack the intelligence, the means, and the disposition.

The health of a community is no more secure than is the sanitary guard around the humblest home. It is the poor and the lowly who serve the rich and the proud, and it is therefore through the poor and the lowly that disease is most easily spread. A poor man not only comes in contact with those of his own class, but he is intimately associated with people of every class. He necessarily carries with him the disease-breeding environment of his own home wherever he goes. If he has tuberculosis in his home and preventive measures are not practiced in that home, his clothing is saturated with tuberculous matter in dried pulverized form and he is a source of danger to every one with whom he comes in contact intimately for a long enough period of time.

The danger to the community from a contagious case of tuberculosis in a poor family grows in geometrical progression. Under the stress of poverty and deprivation and hardship such a case will give rise to new implantations in every member of that household during the time that the patient is confined to the

house, and in a little while there will be a number of walking distributors of contagion instead of one. Each of these new cases in its turn becomes a propagator of a number of cases, and in this way the disease is spread on.

The dying consumptive undoubtedly is the most prolific source of the spread of contagion. The beginning of a comprehensive scheme for the prevention of tuberculosis should therefore be with him. To make him absolutely innocuous in his own home is difficult and expensive. It means the provision of a skillful attendant to watch over him, ample bed linen for change when the bed linen has been soiled, and such preventive measure supplies as spit-boxes and napkins. The difficulty of keeping him sterile can only be appreciated by those who have tried it. The expense is high, even in a hospital where a number of patients are under the supervision of a single attendant. Without an attendant it cannot be accomplished. The patient grows so weak toward the last that he can no longer avoid soiling his bed linen with sputum and just in proportion as he grows weak the amount of broken down tissue which he ejects increases in quantity.

One of the first things to do then in every community in the crusade against tuberculosis is to establish wards or hospitals for poor dying consumptives. In the larger cities one or more special hospitals should be built and equipped. In smaller cities and towns where the size of the population would not warrant such an expense a ward in some general hospital may be set aside for this purpose. Whether a ward be set aside or a hospital built, the equipment should be for the treatment of the patient along modern scientific lines, and not for the mere maintenance of dying people. Even the dying consumptive should be given every opportunity for recovery, and when recovery is no longer possible should nevertheless be made to feel that he is treated with hope and not left an outcast of human sympathy.

There need be no hesitancy on the score of contagion in setting aside a ward in a general hospital for the treatment of consumptives. The dying consumptive can be so cared for and watched over even to his last breath that he is absolutely harmless to those in his immediate environment. The contagion of tuberculosis is only in the expectoration or broken-down tissue, and this can easily be sterilized as it comes from the patient if he is under proper supervision and has good care.

Military discipline is necessary and the nurses and attendants must be especially trained for the work. Until the patient becomes helpless in bed he usually can be taught to keep himself sterile and generally he does so when he is helped and watched over. It is only when he becomes helpless that there is any difficulty. At this time it must be accomplished by the attendants altogether independently of him. The bed linen must be changed every time it is soiled, even though it be a half dozen times a day. In doing so it must not be agitated, and it should immediately be put into a laundry bag and removed before the broken-down tissue has thoroughly dried. Cleanliness is the watchword. Rooms in which dying consumptives live must be scrubbed daily, and everything in them must be kept absolutely clean. With such care there can be no contagion, either to people in the rooms or to people elsewhere in the same building.

In cities and towns where a hospital cannot be built for dying consumptives, and where wards for their maintenance cannot be obtained, an ordinary house can be turned into a hospital for consumptives and can be equipped for the best scientific care of such patients if only a little common sense is used. After all it is more the intelligence and devotion of attendants than it is the character of the building which counts in the prevention of the disease. It is true the maintenance of a consumptive in a building which has been adapted for his treatment is less expensive than it is in a building which is improvised for such a purpose, but the difference in cost is not prohibitive.

The influence which the care of dying consumptives in hospitals exercises for prevention is well illustrated in the reduction of the death rate from consumption in London during the last fifty years. A little over fifty years ago the English people began to establish hospitals for consumptives in London as a matter of humanity. The work met with favor and the beds gradually increased until they numbered thousands. At that time the death rate from consumption in London was about the same as that in Paris and all the large cities in the world, namely about four per thousand. No other preventive measure was introduced in London. At the end of fifty years, London, the largest city in the world, had the lowest death rate from consumption of all, about two per thousand, and Paris, where no consumption hospitals had been established, still had its four deaths per thousand from the disease. The reduction in London undoubtedly had been due in large part to the segregation of the consumptive poor in hospitals.

LAWRENCE F. FLICK.

III.—INSTITUTIONS IN THE UNITED STATES AND CANADA

Arranged in alphabetical order according to states, and within each state according to location, except that where state sanatoriums exist they are placed first.

ARIZONA

PHOENIX.

PALM LODGE (1902):

For persons who are in the very early stages and are able to move about.

Capacity: In Palm Lodge, 30; in the colony, 25.

Terms: \$25 to \$35 per week; in the tent colony, \$9.

Resident Physician and Superintendent: Henry M. Stone, M. D.

Palm Lodge is two miles out of Phoenix, within one block of the trolley. The altitude is about 1,150 feet. There is a main building of stuccoed brick, containing fifteen rooms, and eight two and four room cottages, each supplied with its own bathroom.

A tent colony is now being constructed, two miles distant from Palm Lodge, which will also be under Dr. Stone's management. There will be accommodations for twenty-five and the rate of nine dollars per week will include medical attendance. It is expected that this colony will be completed by December 1, 1904.

Applications for admission to either of these places should be addressed to Dr. Henry H. Stone.

MERCY HOSPITAL (1893):

Not exclusively for the treatment of tuberculosis, but cases of consumption are received at any stage of the disease, and cared for in separate wards and rooms.

There is accommodation for 20 consumptives.

Terms: \$14 per week; there is no provision for free treatment, but exceptions are occasionally made in cases of extreme poverty.

No resident physician, but there are about forty on the visiting and consulting staff.

The hospital is in charge of the Sisters of Mercy and is supported by fees from patients. It is housed in a large brick building, surrounded by attractive grounds, five blocks out of the city proper.

Application for admission should be made to the Sister Superior.

TUCSON.

ST. MARY'S HOSPITAL (Tuberculosis annex opened in December, 1900):

All stages of pulmonary tuberculosis are admitted, and are cared for in a separate building, called St. Mary's Sanatorium.

Capacity: 30.

Terms: \$15 per week; arrangements are made to receive free of charge a few patients unable to pay anything.

There is no resident physician.

The location is two miles from the city, at an altitude of 2,400 feet. The tuberculosis sanatorium is a brick building built around an open court, with a porch on both sides. There are no wards. Each patient's room is 17 by 14 feet, and has two windows and a double door. The institution is under the charge of a Roman Catholic sisterhood, the Sisters of St. Joseph.

Application should be made to the Sister Superior.

CALIFORNIA.

STATE SANATORIUM :

The establishment of a state sanatorium is being pressed by the State Medical Society, through its Tuberculosis Committee. (See page 233.)

ALTADENA.

ESPERANZA, a sanatorium for bronchial and pulmonary affections, conducted by the Altadena Health Resort Company (February, 1903) :

All stages of consumption are received.

Capacity: 50.

Terms: \$25 per week.

Resident Physician: F. C. Melton, M. D.

The Altadena Health Resort Company has established this sanatorium on a tract of 160 acres, half a mile east of Altadena, which may be reached from Pasadena by electric car in twenty minutes. On the north the place is protected by a semi-circle of mountains, while it is open to the south and west, commanding a wide view of the San Gabriel Valley. The altitude is 1,800 feet. A central building contains offices, dining-room and parlors. Most of the patients live in tent cottages. The lighting is by electricity and all the buildings are connected by telephone.

Application should be made to Dr. F. C. Melton.

INDIO.

HEALTH CAMP (January, 1903):

Primarily for consumptives, but exceptions are sometimes made in favor of applicants who need an out-door life for other reasons.

Capacity: practically unlimited, as there are 125 acres available for the extension of the tent colony.

Terms: no one is excluded on account of either poverty or wealth; those able to pay something are charged \$1 per week or more for the use of a furnished tent and \$3 for board.

There is no resident physician.

This novel adventure is supported by Mr. N. O. Nelson, a Saint Louis manufacturer, who bought for the purpose 200 acres just at the entrance of the Great Desert. Indio is on the Southern Pacific Railway, half-way between Los Angeles and Yuma. The land is 20 feet below sea level, in the Coachella Valley, protected from wind and fog on both sides by mountains. The average rain fall for the year does not exceed one inch, and all winter days are comfortably warm. The ranch is being irrigated and beautified and buildings are being erected for the use of the colonists. Their individual homes are floored tents of various sizes. Seventy-five acres are now under cultivation, and it is hoped that the produce will supply the camp. The work on the place is done chiefly by the able-bodied colonists. Hospitality is extended to whole families, not merely to the invalid member, and provision is made for a permanent home for convalescents.

Application should be made to N. O. Nelson, either at Indio or at Leclaire, Illinois.

LOS ANGELES.

THE BARLOW SANATORIUM, Incorporated (September, 1903) :

For consumptives who have been residents of Los Angeles County for at least one year and who are without the means to go elsewhere; persons in all stages of the disease have been admitted, but it is desired to receive in the future none who are bed-ridden.

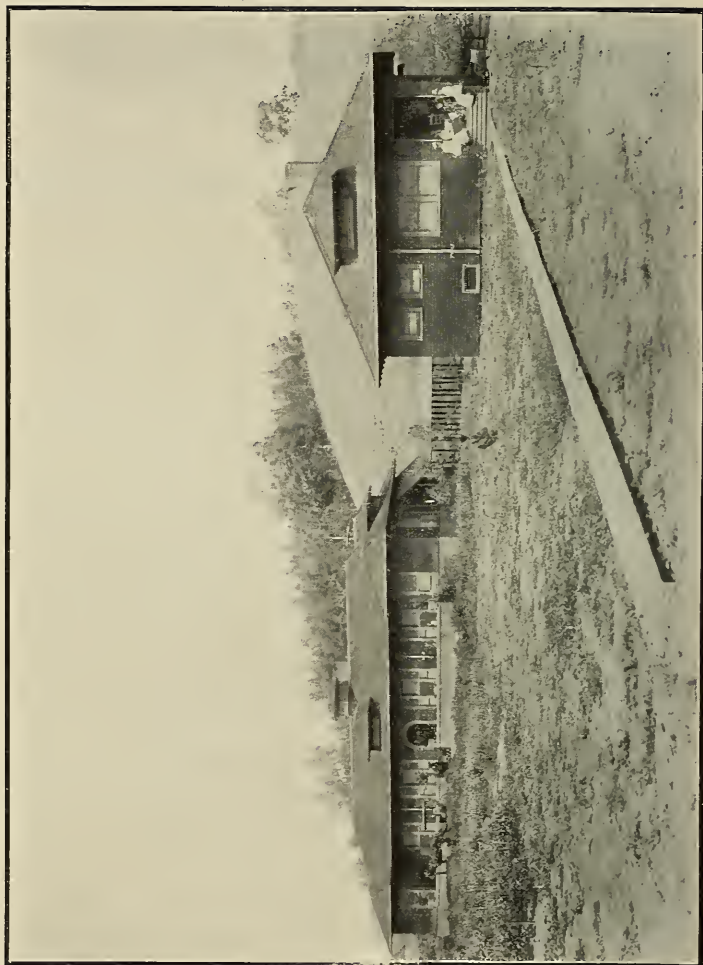
Capacity : 15.

Terms : \$5 or \$7 per week for those who are able to pay ; others are cared for free of charge.

There is no resident physician, but the three visiting physicians are within easy reach.

The plant at present consists of 25 acres of rolling land, on the Chavez Ravine Road, adjoining the large city park and surrounded by it on three sides, an administration building with detached kitchen and laundry, a one-and-a-half-story dormitory for patients, and one tent cottage. It is located within the city limits, but away from car lines and buildings. The altitude is about 400 feet. Voluntary contributions are practically the only source of support. Thus far no debt has been incurred and an endowment fund of \$6,000 has been secured. The average cost per week per patient during the first year was \$12.35. Seventy-five applications were received and thirty-four patients cared for during the year. These patients came originally from eleven states of the union and eight European countries.

Application should be made to Dr. W. Jarvis Barlow, 328 330 Wilcox Building, Los Angeles.



THE BARLOW SANATORIUM.

MENTONE.

THE MENTONE SANATORIUM (1903) :

Exclusively for early cases of consumption.

Capacity: 50.

Terms: \$12.50 per week and upward for board; \$10 per week for medical treatment.

Resident Physician: Fred J. Koepke, M. D.

Visiting Physicians: Hoell Tyler, M. D.; C. A. Sanborn, M. D., and S. Y. Wynne, M. D.; all of Redlands.

Mentone is one mile from Redlands, in a valley protected on three sides by mountains, while to the west stretch miles of orange and lemon groves. The altitude is 1,700 feet. This sanatorium is, strictly speaking, a hotel where well-to-do patients can have sanatorium treatment and where their relatives and friends are also received. Tents are provided on the grounds for patients who prefer to sleep out of doors.

Applications should be addressed to A. R. Schultz, Manager.



THE POTTENGER SANATORIUM.



DISTANT VIEW OF THE POTTENGER SANATORIUM.

MONROVIA.

THE POTTENGER SANATORIUM FOR DISEASES OF THE LUNGS
AND THROAT (December, 1903) :

For the treatment of cases of pulmonary and laryngeal tuberculosis which offer a fair chance of permanent and material improvement; no patients are received in whom the disease is so far advanced that their condition will discourage those who are in the early stages.

Capacity: 26; by January, 1905, there will be room for 40.
Terms: a few at \$25 per week, the rest \$30 and up.

Resident Physician: F. M. Pottenger, M. D.

This sanatorium is sixteen miles east of Los Angeles, in the foot hills of the Sierra Madre Mountains, at an elevation of 1,000 feet above the sea. Monrovia is on the main line of the Monrovia and Duarte branch of the Southern Pacific Railway, and the Monrovia branch of the Pacific Electric Railway. The site is a natural park of over eight acres, occupying an eminence 400 feet above the town, above the fogs and protected from storms. From its commanding location there is an uninterrupted view of the San Gabriel valley, with its world-famed orange groves, and the Sierra Madre Mountains. There are at present a central administration building, one cottage, a sun parlor and open-air pavilion, and a number of tent houses. The plans for further buildings contemplate three pavilions, connected by corridors and balconies, and containing sixty rooms facing south. One of these pavilions will be ready for occupancy in January, 1905. All the buildings and furnishings are in accordance with the latest dictates of sanitary science. There is a well-equipped clinical laboratory, and a laboratory for experimental and research work will soon be constructed.

Application should be made to Dr. F. M. Pottenger.

REDLANDS.**THE SETTLEMENT (1901) :**

For needy consumptives already in Redlands, in any stage of the disease; no one from outside can be received.

Capacity: 17.

Terms: those who are able to pay something are expected to do so, up to a maximum of five dollars per week; for the destitute care is entirely free.

Medical Directors: Drs. Moseley and Ide.

The Settlement is located on forty acres of rolling land, not under irrigation, six miles from the city, at an elevation of 1,500 feet. All patients live in tents, which are supplied with the ordinary necessities, but of a very primitive kind. A wooden building contains the dining room, kitchen, store room, and bath.

This sanatorium camp was established, and is maintained, exclusively for consumptives who find themselves stranded in Redlands without funds, or with insufficient money to provide themselves with proper care. It is supported chiefly by contributions; there are county and city appropriations aggregating \$75 per month; and a small, irregular amount is derived from patients' fees.

The demands of the locality absolutely prohibit the reception of patients from any other place. Residents of the town who desire to be admitted should apply to the Matron or to one of the Medical Directors.

COLORADO

AMITY (Prowers County).

EMMA BOOTH TUCKER MEMORIAL SANITARIUM FOR CONSUMPTIVES (November, 1904):

Exclusively for early cases of pulmonary tuberculosis.

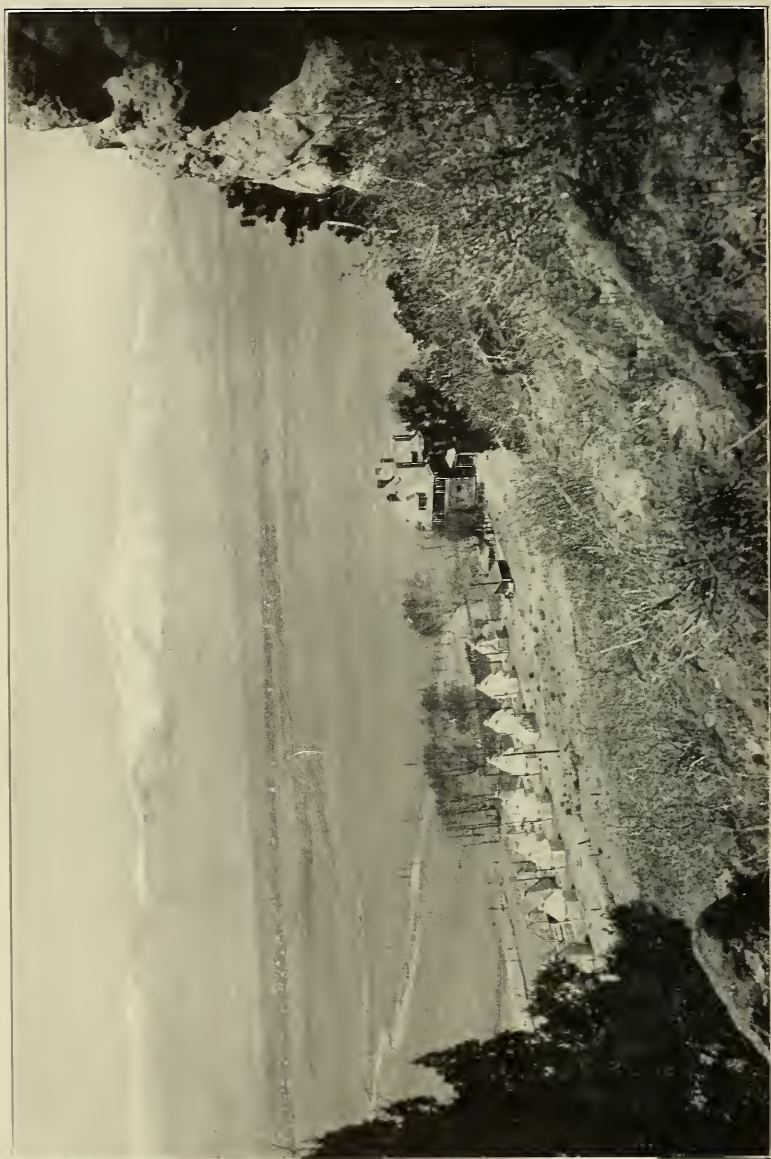
Capacity: 100, but this can be increased almost indefinitely by the addition of tents.

Terms: \$25 per month, including all expenses except laundry; there will probably be arrangements for admitting needy patients free of charge.

Resident Physician: Dr. Greenard.

This sanatorium has been established by the Salvation Army in memory of Mrs. Booth Tucker. It is located on an isolated part of the Salvation Army Farm Colony in southeastern Colorado. It is in the midst of the great plains and has an altitude of 3,500 feet. The Administration Building is a large three-story structure of rock. It will contain, in addition to the dining room, library, and other public rooms, some sleeping accommodations. Most of the patients, however, will be housed in substantially built tent cottages.

Application for admission should be made to the Secretary.



NORDRACH RANCH.

COLORADO SPRINGS.

NORDRACH RANCH (November, 1901):

For early cases of consumption exclusively.

Capacity: 35 at present, with plans to enlarge soon to accommodate 50.

Terms: \$60 per month, which includes everything except a special nurse in case one is needed.

Resident Physician: John E. White, M. D.

Nordrach Ranch is fortunate in its location. At an altitude of 6,000 feet, quite removed from the dust and smoke of the city, it is protected on the north by Austin Bluffs, and has in front an uninterrupted view of Colorado Springs, three miles distant, and the range of mountains.

The central building is of red stone and contains twenty-four rooms, six of which are reserved for patients who may temporarily need hospital care. The ordinary sleeping apartments for the patients are octagonal tents, communicating directly with the nurses' tent by electric bells. Practically all the time is spent in the open air. The resident physician sees each guest at least twice a day and the physicians in Colorado Springs are always available for consultation.

The only source of income so far has been the fees from patients. An endowment is much desired, in order that some charitable work may be done.

Applications should be addressed to M. E. Harper, Business Manager.

GLOCKNER SANITARIUM (1888):

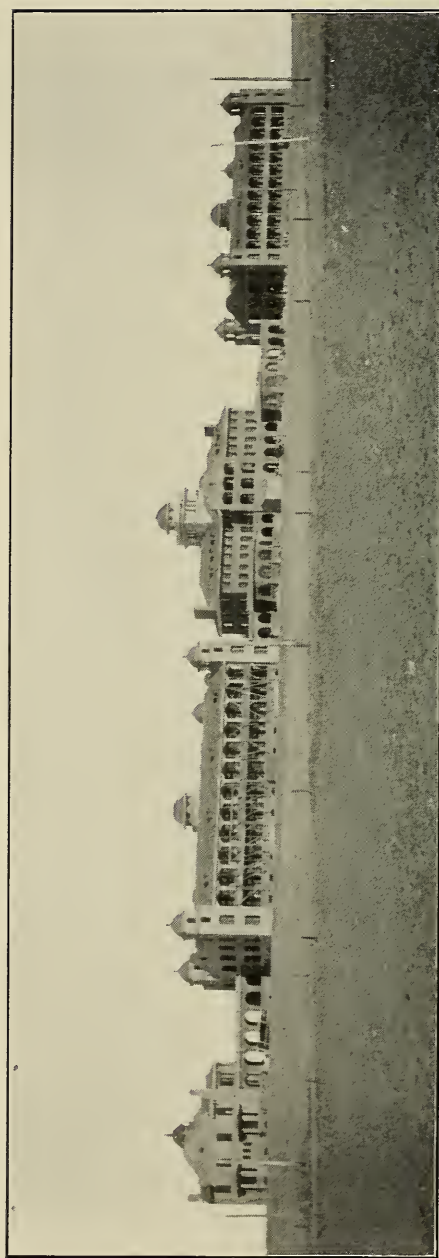
Not especially for tuberculosis, but consumptives in any stage are received.

Capacity: 50.

Terms: \$8 to \$40 per week.

There is no resident physician; the management is in the hands of a Roman Catholic Sisterhood.

Applications should be addressed to Sister Rose Alexius.



THE AGNES MEMORIAL SANATORIUM.

DENVER.

THE AGNES MEMORIAL SANATORIUM (September, 1904):

Exclusively for early cases of pulmonary tuberculosis; when accommodations are limited, preference will be given to candidates from western Pennsylvania.

Capacity: 100; this number is to be increased by the use of house tents.

Terms: \$7 to \$10 per week, which includes medical attendance and ordinary nursing.

Superintendent and Medical Director: G. Walter Holden, M. D.

This Sanatorium has been erected by Mr. Lawrence C. Phipps, of Pittsburg, as a memorial to his mother. There are five buildings—a three-story administration building, an infirmary, two pavilions and a power house—all in the old Spanish Mission style of architecture.

In the administration building are the reception room, board room, offices, dining rooms and kitchen, besides a library of 1,500 bound volumes for the use of the patients. In this building also are the quarters of the administrative staff and attendants.

The medical building contains on the first floor, besides a very complete laboratory and treatment rooms, reception and consultation rooms. The second floor is devoted entirely to an infirmary, which is provided with a well-equipped operating room. There are two pavilions, one for men and the other for women, opening upon wide porches, divided by canvas partitions for sleeping purposes.

The power house furnishes electricity, ice and refrigeration, together with power for an electric laundry. This laundry is equipped with the most modern appliances, including a complete sterilizer. Sputum, garbage and sweepings are disposed of in a special device for cremation.

The grounds include 160 acres of dry, sandy soil on the plains east of Denver, at the highest elevation near the city, about 5,400 feet. The distance from the heart of the city—over seven miles—and the extent of the estate, ensure against smoke and dust. The Sanatorium is at Sixth and Hyde Park Avenues, reached from Denver in thirty minutes by electric cars.

Application should be made to Dr. G. Walter Holden, Montclair Station, Denver.

THE ASSOCIATION HEALTH FARM (May, 1903):

Especially for early cases of pulmonary tuberculosis, but occasionally others in need of out-door life are received.

For young men of limited means who have a good prospect of recovery; preference is given to members of the Young Men's Christian Association.

Capacity: 45, one man in each tent.

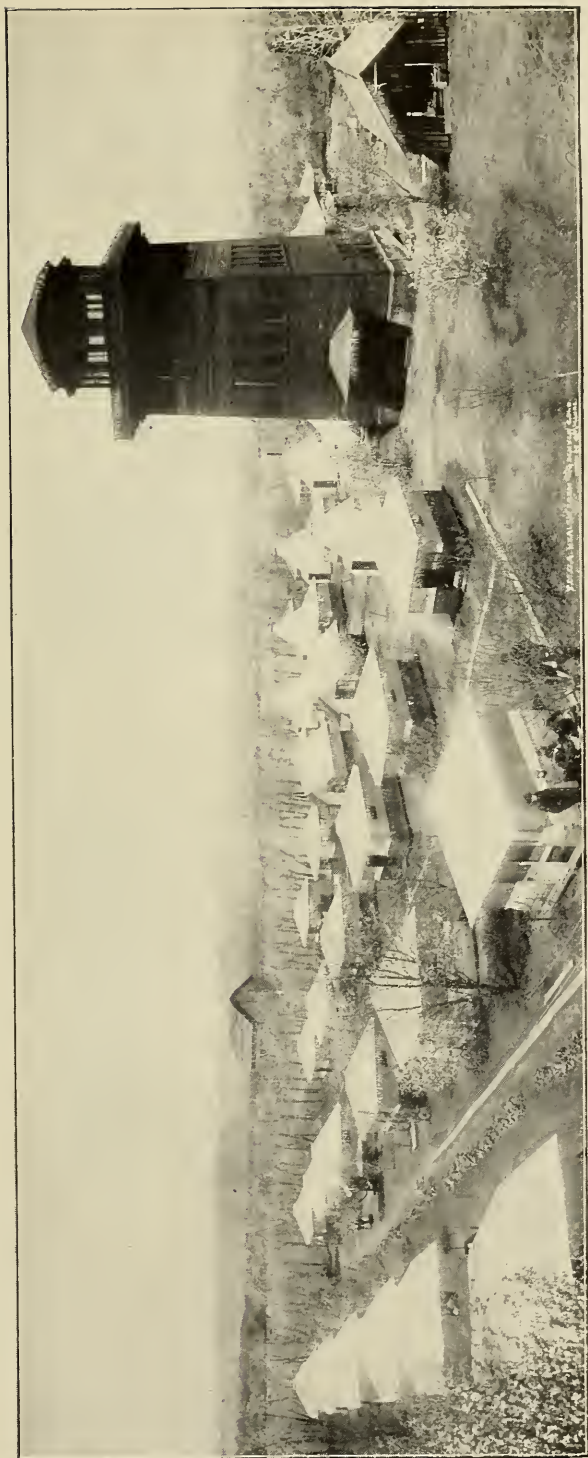
Terms: \$25 per month; light work in partial payment of this charge is provided for many, but cannot be guaranteed until the physical condition of the applicant is fully understood; the patient's knowledge of farm work is also taken into account.

Resident Physician: John Wethered, M. D.

This Health Farm originated in the experience of the Colorado Young Men's Christian Association in dealing with the problem of finding suitable places for the young men who go to Colorado from all parts of the country in search of health. Funds for the execution of the plan to its present stage have been provided by friends in various parts of the country, the principal gifts having been made by Mr. and Mrs. David Brothers and Dr. E. P. George. Many of the Young Men's Christian Associations throughout the country have given tents completely furnished and others are planning to do the same. The value of the present equipment is \$45,000.

The Farm consists of two tracts of land. The tract which is now being improved contains thirty-four acres of fruit land five and one-half miles northwest of the city, on the Denver, Lakewood and Golden Railroad. There is a station at the corner of the farm. The sixty acres of unimproved land will be developed whenever the funds allow. The site of the present farm is 5,400 feet above sea level and has a diversity of natural features. The improvements include an administration building, stables, forty-five cottage tents, a water-tower observatory, and a tent hospital. From the first the number of applicants has far outnumbered the places for them.

Inquiries should be addressed to W. M. Danner, Secretary, 1731 Arapahoe Street, Denver.



THE ASSOCIATION HEALTH FARM.



THE SAN FRANCISCO TENT, ASSOCIATION
HEALTH FARM.



THE SAINT LOUIS TENT, ASSOCIATION
HEALTH FARM.

FOXHALL, 133 West Colfax Avenue (1901) :

For a few selected patients who offer reasonable prospects of ultimate recovery.

Capacity: 10-15.

Terms: \$25 per week.

Resident Physician: Wm. N. Beggs, A. B., M. D.

Foxhall is located opposite the public library, three blocks from the Capitol. It is a single large house, the home of Dr. Beggs, who is one of the physicians to the National Jewish Hospital for Consumptives and editor of the *Colorado Medical Journal*. No patient is allowed to remain who refuses absolute obedience to directions.

Application should be made to Dr. Wm. N. Beggs.

THE HOME:

"The only requirements for admission are that a person is worthy of a Christian home and presents a good chance of being benefited by the climate, and presents a letter from some clergyman or from some one the superintendent knows."

Capacity: 150.

Terms: \$25 per week for those who require a nurse; there is one building, accommodating 40 persons, in which the charges are \$25 per month.

There is no resident physician.

The Home comprises four buildings: St. Andrew's House for men, Grace House for mother and son or husband and wife. Emily House for women, and Heartsease for the very sick. These cover an entire block of land, and are connected by glass covered porches. The Home is ten minutes' ride by three car lines to the Denver post office, and is so situated that it commands a view of the entire city, the plains for hundreds of miles, and the Rockies for one hundred and fifty miles. It is under the direct ownership and management of the Episcopal Church of the Diocese of Colorado.

Application should be made to Rev. Frederick W. Oakes, Superintendent.

THE NATIONAL JEWISH HOSPITAL FOR CONSUMPTIVES
(1899) :

For "indigent consumptives of whom the examining physicians give a fair or good prognosis."

Capacity: 88.

There is no charge of any kind.

Superintendent: Moses Collins, M. D.

While this institution is within the limits of Denver, it is nevertheless sufficiently removed from the congested part of the city to have an abundance of the sunshine and the pure, invigorating air for which Colorado is noted. The altitude is about 5,200 feet. The buildings are on the pavilion plan, containing rooms of from one to four beds and twelve-bed wards.

Application for admission must be made from the city where the applicant resides, on prescribed forms. The applicant must be examined by the physician appointed by the hospital authorities at the place where he resides, and the application must be sent on blanks provided for that purpose. No other form of medical examination will be accepted, nor any made by other than the regularly appointed physician. The patient's character must be investigated and endorsed by the local trustee. Each application must be accompanied by a guaranty, approved also by the local trustee or director, that the patient shall not become a charge upon the community after he leaves the hospital, and that in case his return may be advisable at any time his transportation will be furnished. No applicant should be sent to Denver, or allowed to go, until he has received official notice of his admission.

For the name and address of the examining physician in any city, inquiry should be sent to Alfred Muller, Secretary, Ernest and Cranmer Building, Denver.

EDGEWATER.

SANITARIUM OF 'THE JEWISH CONSUMPTIVES' RELIEF SOCIETY (September, 1904) :

For destitute Jewish consumptives.

Capacity : 12.

There is no resident physician at present.

This society was formed a few months ago by Jewish residents of Denver, most of whom were cured consumptives, with the object of helping their co-religionists who have gone to Colorado in the hope of regaining their health, but have come to want before they have recovered. A tract of twenty acres of land has been purchased in the suburbs of Denver, three-quarters of a mile out of the city, a dining-room and a kitchen have been erected, and twelve tents have been installed and furnished. It is hoped to increase the capacity to one hundred by the end of the first year. It is planned to establish a dairy, a poultry yard, and vegetable, fruit and flower gardens, the produce from which will, it is expected, supply the camp. Patients who are able will do light work connected with these enterprises, but under the direct supervision of a physician.

Applications should be addressed to Dr. C. D. Spivak, Secretary, 1421 Court Place, Denver.



RESTHAVEN IN THE PINES.



DINING-ROOM, RESTHAVEN.

MORRISON.

RESTHAVEN, Sunrise Mountain Park (June, 1901):

For young men and women of limited means, in the incipient stage of tuberculosis.

Capacity: 50.

Terms: \$25 per month.

There is a permanent resident physician; Dr. I. Singleton Garthwaite, of Denver, visits frequently, and to him all applicants must present themselves before admission will be granted.

Sunrise Mountain Park, the site of Resthaven, has an altitude of 5,800 feet, and all the advantages in the way of scenery that the Rockies and the great plains can provide. Morrison, the nearest station, on the Colorado and Southern Railroad, is five miles distant. The buildings are one-room cottages and tents scattered among the pines and bearing the names of the states which have donated them. An endowment from Lillian Garthwaite-Wylie and various other gifts supplement the fees received from patients.

Heretofore Resthaven has been open only from June 1 to October 1, but a building is now being erected which will permit an all-year season.

Applications should be made to Dr. I. Singleton Garthwaite, 322 Temple Court Building, Denver.



DR. BROOKS'S SANATORIUM.



THE VERANDA, DR. BROOKS'S SANATORIUM.

CONNECTICUT

STATE SANATORIUM:

Agitation for a state sanatorium was begun by the state Board of Health and others three years ago. Twenty-five thousand dollars was granted by the legislature to a private institution, the Gaylord Farm Sanatorium (See page 41), but no state institution has yet been established.

NEW CANAAN.

DR. BROOKS' SANATORIUM (1897):

For consumptives whose condition does not preclude the possibility of at least an arrest of the disease.

Capacity: 24.

Terms: \$25 to \$35 per week, including everything, according to the room chosen; no free beds.

Resident Physician: M. J. Brooks, M. D.

This institution is situated one mile from the village, on a ridge of the Berkshire foothills, at an altitude of about 800 feet. The grounds cover about eighteen acres, part of which is woodland. The individual sleeping apartments are 10 by 16 feet and 10 feet high. There are no wards. Patients are under the strictest hygienic routine, constant medical supervision and constant efficient nursing. The average course of treatment covers twelve weeks; no patients are retained longer, and a total arrest of the disease is expected within this period.

Application for admission should be made to either of the following: Dr. M. J. Brooks, New Canaan, Conn.; Dr. Hubert Arrowsmith, 170 Clinton Street, Brooklyn, N. Y.



GAYLORD FARM SANATORIUM.

WALLINGFORD.

GAYLORD FARM SANATORIUM (September, 1904) :

Exclusively for persons in the early stages of pulmonary tuberculosis who are of very moderate means and residents of the state.

Capacity: 30.

Terms: \$7 per week.

Medical Superintendent: David R. Lyman, M. D.

This sanatorium is due to the efforts of the New Haven County Anti-Tuberculosis League, and is under its management. Situated on a plateau two miles from the town and above it, and fourteen miles inland from New Haven, the Sanatorium overlooks the towns of Wallingford and Meriden and the valley in which they lie. The altitude is 390 feet. There is an administration building, containing offices, rooms for the doctor and matron, recreation hall and accommodations for fourteen patients. Four cottages provide for four patients each, in rooms opening on porches. The kitchen, dining room, and laundry are in separate buildings. There is electric lighting and steam heat throughout and the water supply is from artesian wells. In connection with the Sanatorium is a farm of 250 acres.

The charge to patients does not cover the cost of maintenance. Voluntary contributions are the chief source of income.

Applications should be addressed either to Dr. David R. Lyman, Wallingford, or to one of the consulting physicians, as follows: Dr. C. W. Gaylord, Branford; Dr. S. D. Otis, Meriden; Dr. J. P. C. Foster, New Haven; Dr. O. T. Ostborne, New Haven; Dr. Henry L. Swain, New Haven; Dr. F. W. Wright, New Haven; Dr. Carl E. Munger, Waterbury.

DISTRICT OF COLUMBIA

WASHINGTON.

WASHINGTON ASYLUM HOSPITAL:

A general hospital for the poor of the District; consumptives are treated in tent wards.

Capacity of tents: 34.

There is no provision for pay patients.

Visiting Physician: D. Percy Hickling, M. D.

Consulting Board: Drs. G. Lloyd Magruder, W. P. Carr, W. S. Bowen, J. Tabor Johnson, H. L. E. Johnson, H. S. Dye, Swan M. Burnett, F. T. Chamberlain, George M. Kober.

There are three resident physicians.

The first ten was erected in April, 1904. Three others have been added since, until there is provision for both white and colored men and women. Three of the tents are entirely of wood, open on the south side, and with an elevated roof for ventilation.

The tents have been erected on the hospital grounds in the eastern part of the city, near the Anacostia River.

Application for admission should be made to the Board of Charities of the District of Columbia.

FLORIDA

PENSACOLA.

NAVAL HOSPITAL:

A tuberculosis camp, consisting of tents accommodating fifty patients, has been established in the grounds of this hospital, as a temporary device for meeting the exigent needs of the Department of the Navy. The Bureau of Medicine and Surgery of the Department is making a study of the various abandoned army posts which have favorable locations, with a view to the establishment of a sanatorium for the treatment of cases of tuberculosis arising in the United States Navy and United States Marine Corps. The authority of Congress will be necessary before title to any selected post can be acquired by the Department and work begun.

HAWAII

HONOLULU.

HONOLULU HOME FOR INCURABLES (1902) :

Patients are received in any stage of the disease and are cared for in a separate building.

Capacity: 24.

Terms: there are 8 free beds; for others the charge is \$1.50 per day.

Medical Superintendent: A. H. Sinclair, M. D.

The situation is two miles from the sea, at an elevation of 300 feet. The building for consumptives contains a free ward and separate rooms for pay patients. Support is derived partly from endowments and partly from a territorial appropriation.

Application should be made to Dr. A. H. Sinclair.

ILLINOIS

STATE SANATORIUM :

A committee of the State Medical Society has been appointed with the express object of securing the establishment of a state sanatorium. (See pages 45, 236.)

CHICAGO.

ST. ANN'S SANITARIUM, 49th and Thomas Streets (1903) :

For early cases of consumption.

Capacity: 128 at present; accommodation for 350 proposed.

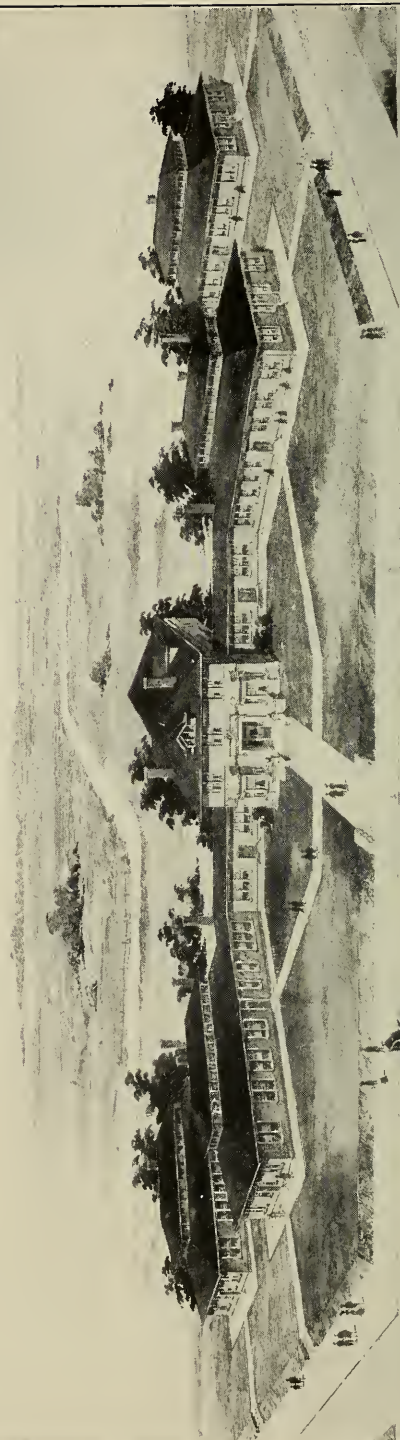
Terms: \$8 to \$20 per week, with the exception of 15 free beds.

Medical Director: A. F. Kramps, M. D.

This, the first institution in Chicago devoted exclusively to the treatment of pulmonary tuberculosis, is located northeast of the suburb of Austin. Funds for the building were supplied by gifts secured mainly through the efforts of the Roman Catholic sisterhood in charge of the sanatorium. Current expenses are met by fees from patients and contributions.

Application should be made to the Sister Superior.

• PLAN FOR THE CURE OF TUBERCULOSIS •
 • COOK COUNTY INSTITUTIONS •
 • DESSING BLDG. •
 • ROBERT BRUCE MATSON • COOK COUNTY ARCHITECT •



COOK COUNTY HOSPITAL FOR CONSUMPTIVES.

DUNNING.**COOK COUNTY HOSPITAL FOR CONSUMPTIVES (1899):**

For poor consumptives of Cook County; patients admitted are presumably dependent, but in consideration of the slight provision for this disease in Chicago no close inquiry is made on this point; all stages are treated.

Capacity: in old building, 400; in new modern hospital, opened in April, 1904, 160.

All beds are free.

Resident Physician: M. G. McHugh, M. D.

This hospital is seven miles west of Lake Michigan, on the highest point in the county, 800 feet above sea level. Other natural features are the same as are found in Chicago. The original building is of brick, three stories high; the new hospital consists of four frame one-story wards, connected by a large solarium-hall, and a two-story administration building.

Application for admission should be made to the County Agent, 185 South Clinton Street, Chicago.

OTTAWA.**TENT COLONY (July, 1904):**

For early cases of pulmonary tuberculosis.

Capacity: 40.

Terms: for those who can afford to pay \$10 per week is charged, which about covers cost of maintenance.

Medical Director: J. W. Pettit, M. D.

This little experimental colony, under the auspices of the Illinois State Medical Society, is located on a bluff, 120 feet above the Illinois River. The tents are arranged around a quadrangle in the center of the ten-acre tract which constitutes the grounds. The kitchen, dining-room, and parlor, as well as the sleeping rooms, are separate tents, of waterproof cloth, with wood floors, and lighted by electricity. Patients are received from any part of the state.

Applications for admission should be addressed to Dr. J. W. Pettit.

INDIANA

STATE SANATORIUM:

Efforts to secure the establishment of a state sanatorium have been made by the State Medical Society during the last four years. In 1903 a resolution appointing a commission to investigate the subject was defeated in the legislature. A state association (see page 237) has recently been formed with the primary object of securing a state institution.

FORT WAYNE.

ST. ROCHUS HOSPITAL is a small building where ten consumptives can be cared for by the Sisters of "The Poor Hand Maids of Jesus Christ." It is hoped by the Sisters that in the course of time they will be able to erect a hospital worthy of the name.

INDIANAPOLIS.

FLOWER MISSION PAVILION FOR INCURABLES, CITY HOSPITAL,
(January, 1904):

For incurable cases of consumption who are recommended by the Flower Mission Society and approved by the Superintendent of the Hospital.

Capacity: 26.

There are no charges.

Superintendent: Paul Frederic Martin, M. D.

The new pavilion occupies the northern part of the City Hospital grounds, which have an altitude of 822 feet. It is a one-story brick building, surrounded by a veranda, containing two wards for ten beds each and six private rooms.

Applications should be addressed to Mrs. John L. Griffith, President of the Flower Mission Society.

IOWA

STATE SANATORIUM:

At the last session of the legislature the Board of Control of State Institutions was requested to make an investigation in regard to the treatment of tuberculosis in sanatoriums, as a preliminary step to considering the establishment of a state institution. One thousand dollars was appropriated for the expenses of the inquiry.

FORT DODGE.

BOULDER LODGE SANATORIUM (July, 1901):

Exclusively for the treatment of early cases of all forms of tuberculosis.

Capacity: 15.

Terms: \$20 per week.

Medical Director: J. W. Kime, M. D.

The building is of unshaped field boulders, two stories high, in a wooded tract of 15 acres, 1,200 feet above sea level. The surrounding country is wild woodland, sloping down to the Des Moines River on the west.

Application should be made to Dr. J. W. Kime.

KANSAS

STATE SANATORIUM:

A committee of the State Medical Society is framing a bill to present to the legislature. The State Board of Health and others interested will co-operate in supporting the measure.

KENTUCKY

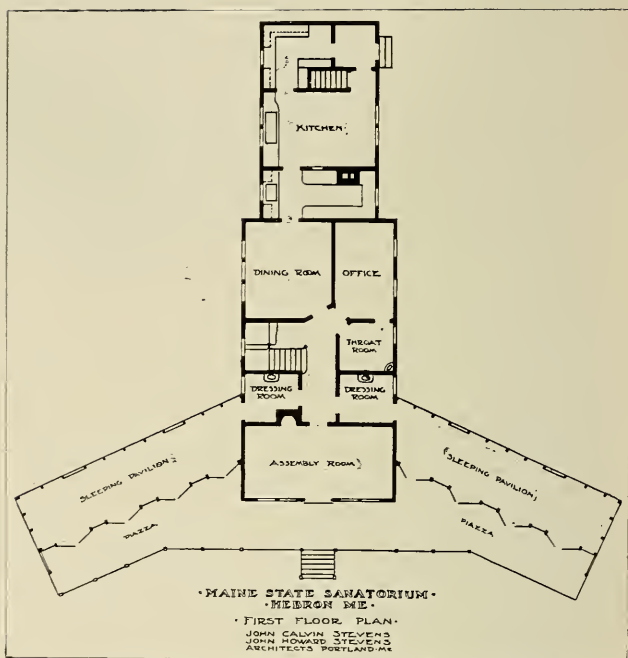
STATE SANATORIUM:

For the past four years the establishment of a state sanatorium has been recommended to the general assembly, but no action has yet been taken.

LOUISIANA

STATE SANATORIUM:

Agitation for a state institution has been begun by the State Board of Health, but little progress has yet been made.



GROUND PLAN OF THE MAINE SANATORIUM.



THE MAINE SANATORIUM.

MAINE

HEBRON.

THE MAINE SANATORIUM, Greenwood Mountain (November 1, 1904) :

Nearest stations: West Minot, on Portland and Rumford Falls Railroad; Paris, on Grand Trunk.

Exclusively for incipient cases of pulmonary tuberculosis.

Capacity: ultimately 100; at present there is room for 30.

Terms: 6 free beds; \$10 per week for the others.

Medical Director: Estes Nichols, M. D.

The State Association for the Treatment of Tuberculosis, to whose efforts this sanatorium is due, has secured 330 acres on a southern slope in the foothills of the White Mountains, at an altitude of 1,200 feet, near the Poland Spring region. A public highway runs through the center of the tract. Over a third of the estate is fertile arable land, which will make it possible to produce the required supplies of milk, fruit and vegetables. One hundred and thirty-five acres are woodland. The buildings are on the cottage system with individual sleeping rooms. Log camps, open on one side, are to be constructed for winter sitting-rooms. The sleeping pavilions have across the entire front double glass doors which are closed only while patients are rising and retiring. Patients do not, however, dress in these pavilions, but go directly from them into heated dressing-rooms. It is hoped that the endowment will soon allow an increase in the number of free patients who can be received.

Applications should be sent to Dr. Estes Nichols.

MARYLAND

STATE SANATORIUM:

The State Tuberculosis Commission (see page 237) is authorized to consider the question of state sanatoriums and report to the General Assembly in January, 1906.

BALTIMORE.

CITY HOSPITAL FOR CONSUMPTIVES, in connection with Bay View Asylum (to be opened in 1905):

For the phthisis patients in the City Hospital.

There will be accommodation for 100 of the poor consumptives of the city.

No pay patients are received.

Chief Resident Physician: William H. Smith, M. D.

There is a small two-story building for women on the grounds of the City Almshouse and Hospital. The new building for men, now in process of erection, will be 150 feet long and two stories high. The hospital buildings are 160 feet above tide water.

Admission is through the Supervisors of City Charities.

TOWSON.

THE HOSPITAL FOR CONSUMPTIVES OF MARYLAND (1896):

Exclusively for white patients, preferably in the early stages of the disease, though under pressing circumstances far advanced cases are received.

Capacity: 35.

Terms: \$3 to \$10 per week to those able to pay; free to others.

Resident Physician: Harry S. Jarrett, M. D.

The visiting physicians are: Dr. J. Milton Linthicum, Dr. H. Warren Buckler, Dr. W. Wayland Frames, Dr. A. Duval Atkinson.

Towson is in Baltimore County, eight miles from Baltimore, from which it is reached by electric cars in thirty minutes.

The hospital is known as the Eudowood Sanatorium. It is at an altitude of 500 feet among forest-covered hills. There is a large main building, containing five private rooms and two wards, one for men and the other for women, one memorial cottage of four rooms and another of six rooms, all with porches looking to the south and west; two or three shacks and two or three army tents. The memorial cottages were built by the daughters of Mr. Theodore Hopper in memory of their brother and by Mrs. Nelson Perin in memory of her husband.

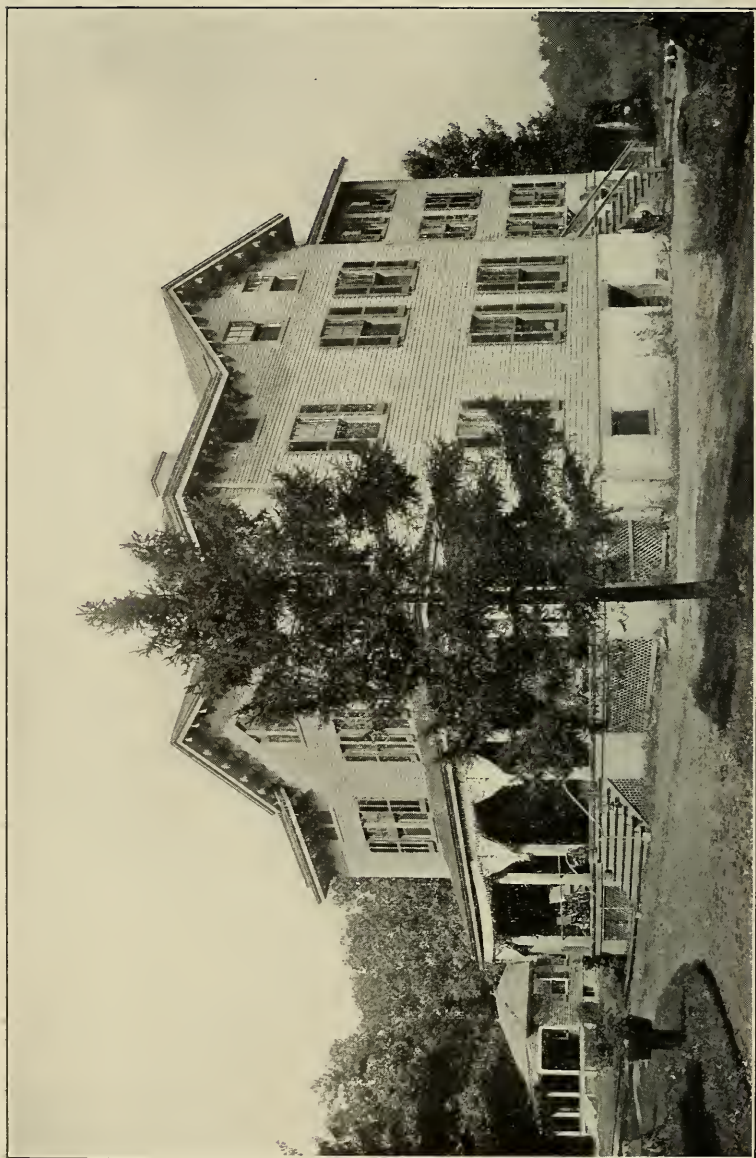
A fund is being accumulated for the extension of the hospital in some favorable situation in the Blue Ridge Mountains, where only hopeful cases are to be received.

The hospital is supported by state and city appropriations, but chiefly by voluntary contributions. The fees from patients are inconsiderable.

The officers are: Dr. Henry Barton Jacobs, President; Rev. Arthur Chilton Powell and Robert Garrett, Esq., Vice-Presidents; Rev. A. Guttmacher, Secretary; David H. Carroll, Esq., Treasurer.

The management of the hospital is in the hands of a Board of Directors and a Board of Lady Managers, of whom Mrs. Thomas B. Gambel is President.

Application for admission should be made to the Visiting or the Resident Physician.



THE HOSPITAL FOR CONSUMPTIVES OF MARYLAND.

MASSACHUSETTS

MASSACHUSETTS STATE SANATORIUM (October, 1898):

Situated at Rutland: nearest station, Muschopauge, Massachusetts Central Railroad, a mile and a half distant. For early cases of pulmonary tuberculosis; patients must be residents of the state and not too far advanced to admit of reasonable hope of radical improvement.

Capacity: 250.

Terms: \$4 per week; there are no free beds, but the trustees are empowered to allow a few cases to remain at public expense; in many cases the bills are paid by cities or charitable organizations.

Superintendent: Walter J. Marcley, M. D.

To Massachusetts belongs the honor of having established the first state sanatorium in the country. It is located near the center of the state, about 50 miles from Boston and 11 miles from Worcester, at an elevation of 1,000 feet. The buildings are on a southern slope, protected on the northwest by a wooded hill. The pavilions for patients are one or two stories high, extending to the south, each terminating in a solarium and piazza, and all connected on the north by a covered corridor.

Dr. Vincent Y. Bowditch and Dr. Herbert C. Clapp, of Boston, have supervising charge of the medical treatment. Besides Dr. Marcley there are three assistant resident physicians. A point of interest to all who are engaged in planning similar institutions is the opinion of the superintendent, after five years' experience at Rutland, that open wards, containing from fifteen to twenty-five beds, are preferable to individual sleeping-rooms. Of the incipient cases discharged in the last four years, 73 per cent have been arrested or apparently cured.

The uniform charge of \$4 per week covers less than half the actual expense for each patient. An annual appropriation is made by the legislature; the amount in 1903 was \$90,000.

Patients desiring admission to the sanatorium in Dr. Bowditch's service may apply at the Boston office of the sanatorium on Wednesdays, or at the sanatorium in Rutland on Fridays.

Patients desiring to enter in Dr. Clapp's service may apply at the Boston office of the sanatorium on Saturdays, or at the sanatorium in Rutland on Mondays.

The Boston office is at the new Out-Patient Department of the Massachusetts General Hospital on North Grove Street, where examination of applicants is made on Wednesdays and Saturdays from 1.30 to 3 o'clock P. M.

Examination of applicants is also made at the following places:

Worcester, at the Worcester City Hospital, Wednesdays and Saturdays, 9 to 10 A. M.

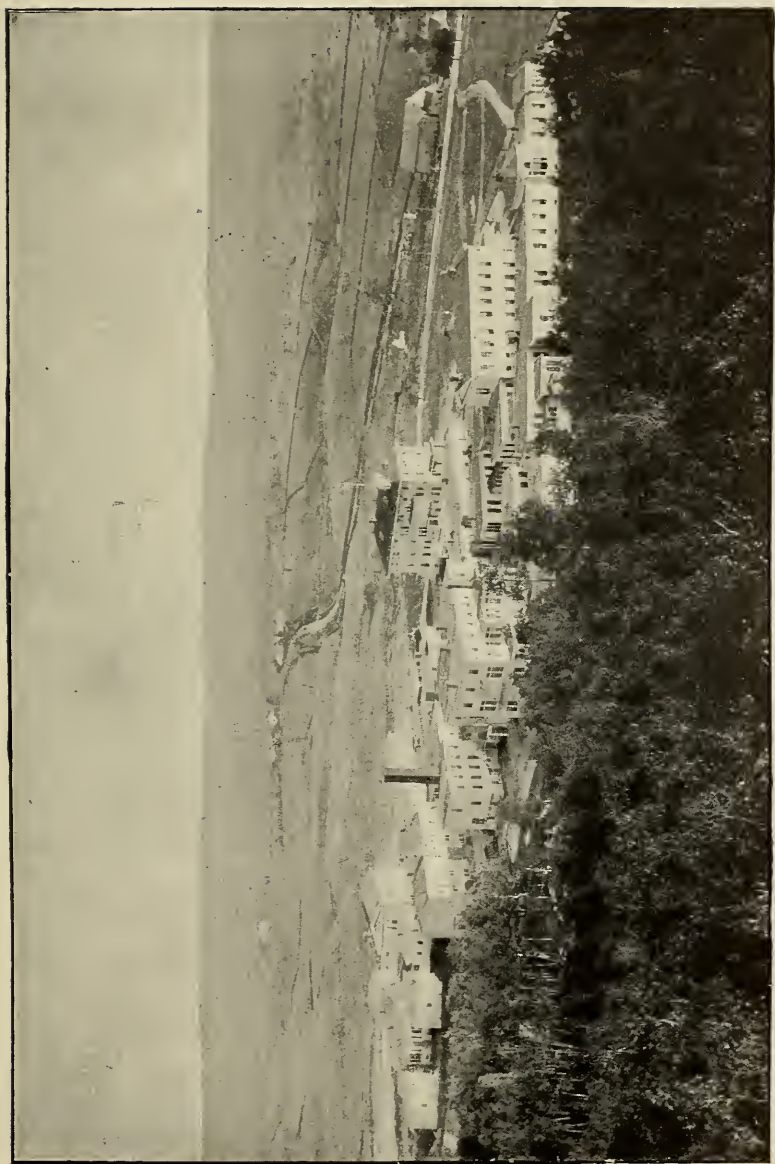
Springfield, by Dr. Everett A. Bates, 57 Chestnut Street, Wednesdays and Saturdays, 2 to 3 P. M.

Pittsfield, by Dr. J. F. A. Adams, 114 Wendell Avenue, Wednesdays and Saturdays, 2 to 3 P. M.

Fall River, by Dr. A. S. MacKnight, 355 North Main Street, Wednesdays and Saturdays, 2 to 3 P. M.

Lowell, by Dr. Boyden H. Pillsbury, 58 Kirk Street, Wednesdays and Saturdays, 2 to 3 P. M.

Any further information will be given by the Superintendent, Dr. Walter J. Marcley, Rutland, Mass.



MASSACHUSETTS STATE SANATORIUM.

[illegible][illegible]

BOSTON.**BOSTON ALMSHOUSE AND HOSPITAL:**

For city charges.

Resident Physician: Simon F. Cox, M. D.

Consumptives are isolated from the other patients, the men in a separate building accommodating about 60, the women in a ward of the general hospital. Both places are inadequate to the demand. Long Island, on which the institution is situated, is five miles from Boston and the hospital buildings are 75 feet above low water.

Applications should be made to the Registrar.

CHANNING HOME, 30 McLean Street (1857):

For women in all stages of pulmonary tuberculosis.

Capacity: 17.

All beds are free.

There is no resident physician, but an attending staff of three: viz., William H. Smith, M. D.; Frederick T. Lord, M. D.; L. J. Mead, M. D.

Channing Home is a light and well-ventilated brick building, four stories high, located in the city in a quiet street. It is supported entirely by endowments.

Applications for admission should be made to any of the staff or to the Matron.

THE CULLIS CONSUMPTIVES' HOME, Grove Hall, New Dorchester (1864):

For persons in the last stages of pulmonary tuberculosis, who are without means of support or friends able to care for them.

Capacity: 40.

All patients are cared for free of charge.

Medical Board: Herbert C. Clapp, M. D.; J. Tucker Cutter, M. D.; Samuel H. Calderwood, M. D.; E. P. Ruggles, M. D.; Percy G. Browne, M. D.; and two internes.



THE CULLIS CONSUMPTIVES' HOME.

The Consumptives' Home is the principal one of a group of charities founded in 1864 by the late Dr. Charles Cullis, and built up and supported entirely by voluntary contributions and legacies. The building now occupied was erected seven years ago. It faces Franklin Park, from which it is separated by Blue Hill Avenue and a wide stretch of lawn. The grounds, consisting of about six acres, are dry and sandy. On the grounds is a small home for children whose mothers are in the Consumptives' Home.

Application should be made to Rev. Edward D. Mallory, Superintendent.

FREE HOME FOR CONSUMPTIVES IN THE CITY OF BOSTON,
428 Quincy Street, Dorchester (1892):

For poor consumptives in all stages of the disease.

Capacity: 110.

All beds are free.

There is no resident physician, but the list of visiting and consulting physicians includes the names of well-known specialists.

The Home is located in the city and patients are generally in the advanced stages. It is supported entirely by voluntary contributions.

Application for admission should be made to the Superintendent.

THE HOUSE OF THE GOOD SAMARITAN, 6 McLean Street
(1861):

For indigent women and children; patients are received in all stages of tuberculosis, and are partially separated from the other patients.

Capacity of the hospital: 28 beds, of which 6 were occupied by consumptives on January 1, 1904.

All the beds are free. The institution is supported by voluntary contributions.

There is no physician in residence, but Dr. Arthur K. Stone and Dr. Elliott P. Joslin are the visiting physicians.

Application for admission should be made to the Matron, between the hours of nine and twelve.

CAMBRIDGE.

THE HOLY GHOST HOSPITAL FOR INCURABLES, Cambridge Street (1894).

Advanced cases of tuberculosis are received; in 1903 they formed one-third of the total number of patients.

There is room for about 30 tuberculous patients.

Terms: 15 free beds; \$7 per week for others, in wards.

There is no resident physician.

The grounds of this hospital adjoin those of Harvard and cover seven acres. The building when completed will have a wing at each end, and the whole structure will be four stories high.

Applications should be addressed to Sister A. M. Purcell, Superior.

EAST BRIDGEWATER.

THE MILLET SANATORIUM (May, 1900):

Exclusively for early cases of pulmonary tuberculosis.

Capacity: 20.

Terms: \$15 to \$30 per week; a limited number of patients can be received at greatly reduced rates.

Medical Director: C. S. Millet, M. D., Brockton.

There is no physician in residence.

The main building is an old colonial house. All the bedrooms face south, and sleeping balconies have been added to some of them. Additional accommodations are provided by small sleeping shacks near the house. The site is a well-drained gravelly hill, 120 feet above sea-level. Special attention is paid to hydrotherapy in addition to the usual methods of treating tuberculosis.

Applications should be addressed to the Millet Sanatorium.

RUTLAND.

RUTLAND COTTAGES (April, 1902) :

Exclusively for early cases of consumption.

Capacity : 6.

Terms : \$25 per week.

Resident Physician : David P. Butler, M. D.

Dr. Butler's small private sanatorium has the same natural advantages as the state institution in the vicinity. The grounds extend over 85 acres of woodland and pasture. The original building, which is soon to be supplemented by six-room cottages, is a large two-story house with broad piazzas the entire length of two sides. Special attention is given to matters of diet and details of out-door treatment.

There are also in Rutland three private houses, modified to suit the need of patients, which are directly under Dr. Butler's control. These houses have accommodations for 41 patients, in small wards containing from two to six beds. One nurse in each house is employed by Dr. Butler to care for the patients. The rates are \$7, \$7.50 and \$8 per week, for board, attendance and medical care.

Application should be made to Dr. David P. Butler, Rutland, or 803 Boylston Street, Boston.

SHARON.

THE SHARON SANATORIUM (February, 1891):

For women of limited means who are in comparatively early stages of pulmonary tuberculosis; not for the far advanced.

Capacity: 21.

Terms: \$5 per week, exclusive of laundry.

Medical Director: Vincent Y. Bowditch, M. D.

Resident Physician: Walter A. Griffin, M. D.

Sharon is a most attractive town 18 miles from Boston, at a general elevation of 350 feet. The sanatorium stands on high ground, sheltered on the north and northwest by thick woods, the whole estate comprising about 150 acres. There is one large building facing south and well supplied with piazzas, an infirmary for those who need hospital care, and cottages for the matron and physicians. Payments from patients covered less than a third of the actual expenses last year, the rest being met by voluntary contributions.

Application must be made to the Superintendent.

TEWKESBURY.

STATE HOSPITAL (Tuberculosis Building opened in 1900):

Separate building for consumptive men who are state charges; all stages of the disease are received.

Capacity: 100.

There are no charges.

Superintendent: John H. Nichols, M. D.

The hospital is situated in a grove of white pines, on sandy soil, at an elevation of 135 feet. The tuberculosis building is two stories in height and contains six wards.

Admission is granted by the Overseers of the Poor.

WELLESLEY HILLS.**CONVALESCENT HOME OF THE CHILDREN'S HOSPITAL:**

Shack for tuberculous children (December 26, 1903).

For children who have been under treatment for tubercular diseases in the Children's Hospital.

Capacity: 15.

Terms: a charge of \$2 per week is made for those who are able to pay.

There is no resident physician, but weekly visits are made by physicians connected with the Hospital, and Dr. Bancroft, of Wellesley, is available for emergency needs.

A wooden shack has been erected in connection with the Convalescent Home, as an experiment in the open-air treatment of children suffering from tubercular diseases.

This shack is 20 by 40 feet, and is lighted by windows in the roof, on each side, and at both ends. The windows are kept open day and night, and the sides of the building are so constructed that they can be opened two-thirds of their length. On the southwest side the doors are kept open all the time in moderate weather.

Fifteen children have slept here every night since the building was erected, and it is used as a playroom in the daytime by these same children and the fifteen who sleep in the house. The shack is heated by two "Champion Railway Heaters," and the children are warmly clothed, both day and night.

The cost of the shack and the covered way connecting it with the house was \$890.

It is of interest that there has not been one case of sore throat or cold among the children. Their appetites improve and they enjoy the out-door life. No children can be received except those who are sent from the Children's Hospital.

The hours for application are:

For surgical cases: Monday, Tuesday, Wednesday and Saturday, at 2 P. M.

For medical cases: Monday, Tuesday, Thursday and Saturday, at 10 A. M.

All applications must be made at the Out-Patient Department of the Children's Hospital, Huntington Avenue, Boston.

MICHIGAN

STATE SANATORIUM:

Repeated attempts, thus far fruitless, to secure legislation establishing a state sanatorium, have been made, and will continue to be made, by the State Board of Health, the State Medical Society, and individual physicians.

ELOISE.

THE WAYNE COUNTY HOUSE, at Eloise, which cares for the destitute of the county, erected, in September, 1903, hospital tents for the treatment of its consumptive inmates. There is accommodation in the tents for 30 patients, a larger number than is generally in the institution. There is a resident physician, Dr. R. H. Earle; Dr. Shurly, of Detroit, at whose suggestion the tent treatment was introduced, and Dr. Marker, of Eloise, are the visiting physicians.

All admissions are made through the Wayne County Superintendents of the Poor.

MINNESOTA

STATE SANATORIUM FOR CONSUMPTIVES (to be opened in 1905):

Situated at Walker, Cass County, on the Great Northern Railroad and the Minnesota and International Railroad.

For persons in the early stages of pulmonary tuberculosis who have been residents of Minnesota for at least one year.

Capacity: not yet determined.

Terms: cost of maintenance to be paid either by the county commissioners or by the patients themselves.

There will be a resident physician; at present the State Tuberculosis Commission is in charge, of which the chairman is H. Longstreet Taylor, M. D., 75 Lowry Arcade, Saint Paul.

Seven hundred acres, at an altitude of 1,500 feet and about 250 feet above Leech Lake, have been secured for the site, and an appropriation of \$25,000 has been made to begin building. The Sanatorium will be owned, and supported in the main, by the state, but patients will be required to meet the actual cost of their maintenance.

Application should be made to the examining physicians who will be appointed in each county.

SAINT PAUL.**LUTHER HOSPITAL SANATORIUM (1903):**

For early cases of consumption; advanced cases are admitted, but are discharged as unfit for sanatorium treatment if they do not soon begin to improve.

Capacity: 18.

Terms: \$8 to \$21 per week.

The internes of Luther Hospital act as resident physicians for the Sanatorium; Dr. H. Longstreet Taylor is the visiting physician.

The Sanatorium is a separate building in connection with Luther Hospital. It is a brick structure, three stories high, containing private rooms and small wards. Any physician is at liberty to place his patients here and care for them himself. For poor patients the hospital charge is \$8 per week; others must pay for professional attendance, in addition to charges for accommodations. The altitude is about 800 feet.

Application for admission should be made to the Superintendent of Luther Hospital.



LUTHER HOSPITAL SANATORIUM.

MISSOURI

SAINT LOUIS.

MOUNT ST. ROSE SANATORIUM, 9200 South Broadway
(1902):

For all stages of pulmonary tuberculosis.

Capacity at present: 65.

Terms: \$5 to \$25 per week for those able to pay; others
admitted free if there is room.

Medical Director: William Porter, M. D., 3886 Wash-
ington Boulevard; there is also a resident physician.

Mount St. Rose Sanatorium is situated outside the city
boundaries, on a high site and with 25 acres of ground. The
building is new and has 50 rooms. It is supported by voluntary
contributions and fees from patients, and is under the super-
vision of the Sisters of St. Mary.

Application for admission should be made to Mount St. Rose
Sanatorium.

EMERGENCY CITY HOSPITAL No. 2, Fourteenth and O'Fallon
Streets (1903):

For indigent cases of all kinds who are dependent on the
city. There are two wards in which tuberculous pa-
tients are isolated.

Capacity of the tuberculosis wards: 34.

There are no pay patients.

Resident Physician: John Young Brown, M. D.

The Emergency City Hospital is located in the heart of the
city. The buildings are of brick, four stories high. New build-
ings are in process of erection. It is supported by the city.

Application for admission should be made to the City Dis-
pensary.

MONTANA

STATE SANATORIUM:

A bill establishing a state sanatorium has been prepared for
presentation to the legislature this winter.

NEW HAMPSHIRE

STATE SANATORIUM:

The establishment of a state sanatorium was recommended in 1902 by the State Commission appointed to consider the subject (see page 241), but the bill was defeated. Further attempts to secure its passage will be made in 1905.

PEMBROKE.

PEMBROKE SANATORIUM FOR TUBERCULOSIS (1901):

Exclusively for early cases of consumption.

Capacity: 35.

Terms: \$15 per week.

Resident Physician: Henri T. Fontaine, M. D.

Pembroke Sanatorium is situated on the southern slope of Pembroke Hill, at an altitude of 600 feet, overlooking miles of typical New Hampshire scenery. It is reached by the electric railroad running from Concord to Manchester. A pine forest on the north, east, and west affords protection from the cold winds of winter and considerably modifies the temperature. There is an administration building, finished and equipped according to the latest views of sanitary science, and 17 "camps," each accommodating two patients. These "camps" have hard wood floors and are open in front, provided only with canvas curtains for protection when it is necessary. The experience has been that patients improve more rapidly here in winter than in summer, despite the cold.

Application for admission should be made to Dr. Henri T. Fontaine, Concord.

NEW JERSEY

STATE SANATORIUM FOR TUBERCULOUS DISEASES (Projected):

The site has been secured at Glen Gardner, Hunterdon County, and \$200,000 was appropriated for buildings by the legislature in the session of 1902-3, but by the omission of a bill authorizing the disbursement of the appropriation it was not available, and a year's delay resulted. In the session of 1904 the legislature again made an appropriation of \$200,000. The plans and specifications have received the approval of the governor, as required by law, and the work can now proceed. The plans at present provide for about one hundred patients.

ORANGE.

MEMORIAL HOSPITAL, 224 Essex Avenue (special building opened in 1896) :

A general hospital, with a separate pavilion for all tuberculosis cases.

Capacity of the tuberculosis building: 18.

For patients able to pay the terms are \$6 per week, but most of the care is given free of charge.

There are two resident physicians and a large attending staff.

The tuberculosis pavilion contains two wards. Patients are admitted in all stages of advancement. The hospital is endowed and it receives an annual subsidy of \$500 from the city. The income from these sources is supplemented by fees from patients and by contributions.

Applications for admission should be made at the office of the Hospital.

NEW MEXICO

ALBUQUERQUE.

ST. JOSEPH SANITARIUM (May, 1902; special building for tuberculosis, October, 1903) :

Not exclusively for the treatment of tuberculous patients, but the recently built annex is reserved for their accommodation; all stages of the disease are received.

Capacity of the annex: 40.

There are 15 free beds; for other patients the terms are \$10 per week in wards, \$15 to \$25 in private rooms.

There is no resident physician, but a visiting and consulting staff of ten.

The Sanitarium is located on a high plot of ground, in the outskirts of the city. In the tuberculosis building there are four wards and eight private rooms. The Sisters of Charity of Cincinnati are in charge and the staff of physicians is appointed by the Bernalillo County Medical Association.

Applications should be addressed to the Sister Superior.



ST. ANTHONY'S SANITARIUM.

EAST LAS VEGAS.

ST. ANTHONY'S SANITARIUM (1896) :

East Las Vegas, railroad station at Las Vegas.

For all stages of pulmonary tuberculosis; pneumonia cases also are admitted.

Capacity: 35.

Terms: \$9 to \$15 per week.

There is no resident physician.

The nearest railroad station is Las Vegas, "situated on a level and fertile prairie, a few miles from the foot hills of the Rockies, the main range of which is in plain sight beyond. . . . The altitude is 6,300 feet above the sea. . . . There is scarcely a spot on earth which surpasses the record of Las Vegas for sunshine."

The Sanitarium was erected and is still in charge of the Sisters of Charity of Leavenworth, Kansas. It is a three-story building, of brick and stone, 160 feet in length, and well supplied with broad verandas. There are no wards; each guest has a private room.

Application should be made to the Sister Superior.

FORT BAYARD.

UNITED STATES GENERAL HOSPITAL (1899) :

For tuberculous soldiers of the United States army.

Capacity: 350.

There are no charges for the soldiers sent here; civilians pay from \$5 per week to \$1.50 per day.

Deputy Surgeon General in command: Lt. Col. E. T. Comegys; there are also four other physicians in residence.

The nearest town is Silver City, nine miles away. The altitude is over 6,000 feet. All admissions are under the authority of the War Department and are made through the Adjutant-General or the Surgeon-General of the United States Army.

FORT STANTON, CAPITAN.**PUBLIC HEALTH AND MARINE HOSPITAL SERVICE SANATORIUM (1899):**

Exclusively for the treatment of tuberculosis; admission is governed by regulations of the Public Health and Marine Hospital Service; eligible persons are received in any stage of the disease.

Capacity: 225.

There are no charges for accepted applicants.

Surgeon in command: P. M. Carrington; there are also in residence five assistant physicians and three pharmacists.

This sanatorium is supported by the federal government for the benefit of seamen employed on the merchant marine vessels of the United States, officers and men of the revenue-cutter service, keepers and crews of light-house establishments, and seamen employed on vessels of some other branches of the public service, other than the navy. There are more than twenty buildings of various kinds. Most of them are of stone and adobe, and they are arranged on four sides of a square "Parade Ground," which has been converted into a lawn. More than thirty tents are in use. The reservation contains 38 square miles, nearly all enclosed, and produces a great variety of crops. The altitude is 6,150 feet.

Application should be made to the Surgeon-General, United States Public Health and Marine Hospital Service.

LAS CRUCES.**LAS CRUCES SANATORIUM (September 1, 1904):**

Exclusively for tuberculosis; early cases are preferred, but advanced ones also are received.

Capacity: 35-40.

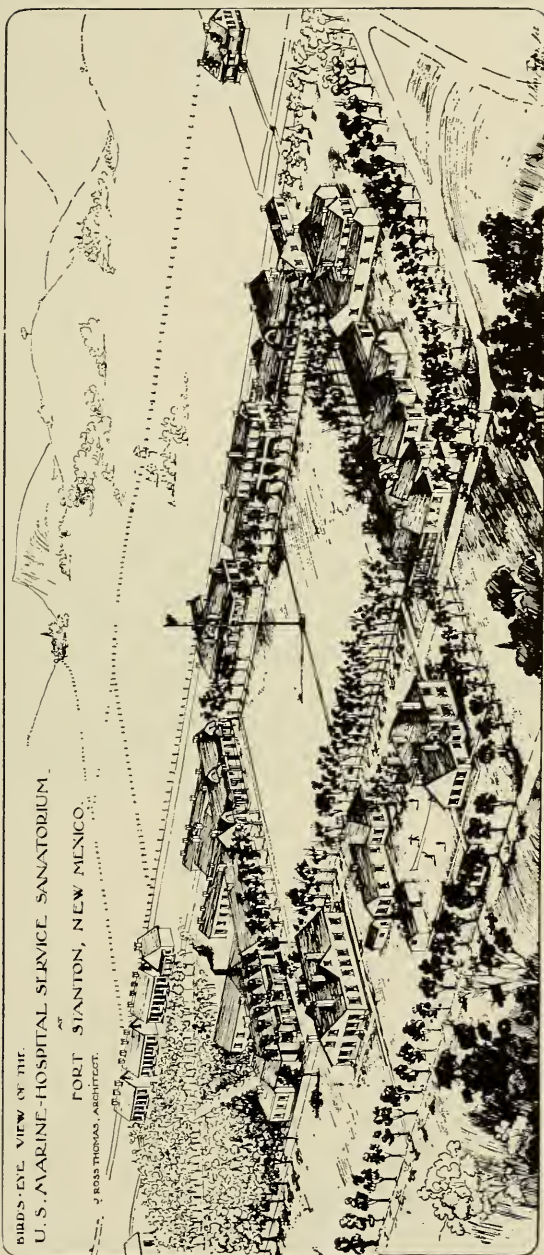
Terms: \$15 to \$20 per week; entrance examination fee, \$5.

Resident Physician: R. E. McBride, M. D.

Las Cruces, in the lower Rio Grande valley, has an elevation of about 3,800 feet. The sanatorium is a mile and a half out of town, in the midst of alfalfa fields. Its grounds include fifteen acres, well planted in shade trees. The building is a two-story adobe, with kalsomined walls and hard wood floors.

Application should be made to Dr. R. E. McBride.

BIRD'S-EYE VIEW OF THE
 U.S. MARINE-HOSPITAL SERVICE SANATORIUM.
 FORT STANTON, NEW MEXICO.
 J. ROSS THOMAS, ARCHITECT.





TENTS AT FORT STANTON.

LAS VEGAS HOT SPRINGS.

THE MONTEZUMA. (To be opened January 1, 1905):

Exclusively for early and moderately advanced cases of pulmonary tuberculosis.

Capacity: 200.

Terms: \$15 per week and upward; \$7 to \$12 in the Tent City annex.

Resident Physician: J. W. Coon, M. D.

The Las Vegas Hot Springs Sanatorium Company has leased for its purposes the Montezuma property, formerly a hotel. It is located in a cañon, six miles from Las Vegas, at an altitude of about 6,700 feet, and is sheltered from wind and dust storms by the surrounding mountains. The main building is a four-story stone structure and there are several cottages on the grounds. These buildings are being remodeled and equipped as a modern sanatorium for patients who can pay at least fifteen dollars per week.

The Tent City will be pitched on one hundred acres of mesa land adjoining the Montezuma grounds, donated for the purpose by the town authorities. Part of this tract is open and the rest is covered with pine trees. The object here will be to furnish good food and medical attendance at the lowest possible cost.

Application, until January, 1905, should be made to Dr. J. W. Coon, 320 Germania Building, Milwaukee, Wisconsin.

SANTA FE.

ST. VINCENT SANITARIUM (1873):

Not primarily for tuberculosis, but cases of consumption are admitted, in whatever stage of advancement.

There are 10 free beds; others pay from \$6 to \$15 per week.

Resident Physician: J. Massie, M. D.

This institution is under the management of the Sisters of Charity. It receives its support in part from the territory and in part from patients' fees. It is located in the central part of the town.

Application should be made to the Sister Superior.

SILVER CITY.

ST. JOSEPH'S SANATORIUM (October, 1901):

For such cases of pulmonary tuberculosis as, in the opinion of some reputable physician, present a fair prospect of recovery.

Capacity: 50.

Terms: \$100 per month.

Medical Director, in residence: E. S. Bullock, M. D., formerly pathologist and physical diagnostician at the United States General Hospital for Tuberculosis.

Silver City is only nine miles from Fort Bayard, which was chosen by the United States Government authorities as offering the greatest climatic advantages for the treatment of tuberculosis. The altitude is 6,000 feet; the average annual rainfall, 12.3 inches; the average number of cloudy days in the year, 37. It is at the terminus of a branch of the Atchison, Topeka and Santa Fé Railroad.

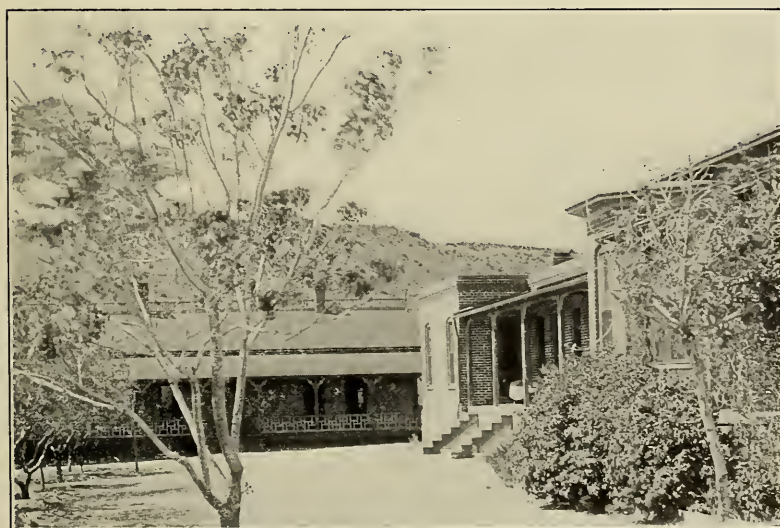
The Sanatorium is located "outside the business center of Silver City, on rising ground, protected by hills from the prevailing north and west winds, and overlooking the little town and a wide range of outlying country. . . . The buildings are old California Mission in style, built around a court. . . . The older building is used as an infirmary for patients requiring special care, and composes one side of the square. The new structure . . . is really a succession of cottages, possessing all the advantages and none of the disadvantages of the cottage system. Each room is heated by a fire-place, thus insuring additional ventilation. . . . A room devoted to hydropathy has been provided in the main building. . . . The principles which govern the care and treatment of patients are, with few modifications, those laid down by the Brehmer school."

The Sisters of Mercy are in charge of the business management of the institution, but all medical matters are under the control of the medical director and his advisors.

Applications should be addressed to Dr. E. S. Bullock, Medical Director.



ST. JOSEPH'S SANATORIUM.



THE COURT, ST. JOSEPH'S SANATORIUM.

NEW YORK

STATE HOSPITAL FOR THE TREATMENT OF INCIPIENT PULMONARY TUBERCULOSIS (July 1, 1904), situated at Ray Brook, Essex County:

Primarily for the poor, but pay patients will be received when there is room for them; one year's residence in this state is a required condition. Incipient cases only are admitted.

Capacity: 120.

By a provision of its charter the Hospital is required to give preference to the indigent, admitting others only when vacancies occur. The authorities by whom the patient is sent are required to pay transportation to and from the Hospital and \$5 per week for maintenance.

Physician in charge: John H. Pryor, M. D.

The State Hospital is located in the Adirondacks, four miles southeast of Saranac Lake and six miles west of Lake Placid. There is an administration building, with a pavilion on each side, connected with the central building by wings to be used as sun rooms. The 516 acres of land adjoin the Forest Preserve. The altitude is 1,625 feet.

The examining physicians are as follows:

Albany: Drs. S. B. Ward, George E. Gorham.

Amsterdam: Drs. Chas. Stover, H. M. Hicks.

Auburn: Drs. W. S. Cheesman, Chas. A. Gwynn.

Binghamton: Drs. Daniel S. Burr, L. A. Martin.

Buffalo: Drs. H. R. Hopkins, Chas. S. Jewett, B. J. Maycock, G. T. Moseley.

Cohoes: Dr. Jas. H. Mitchell.

Corning: Dr. Willis S. Cobb.

Cortland: Dr. E. M. Santee.

Dunkirk: Dr. Joseph Rieger.

Elmira: Drs. W. D. Wey, F. W. Adriance.

Fulton: Drs. Chas. J. Bacon, N. H. Haviland.

Geneva: Drs. W. W. Skinner, N. B. Covert.

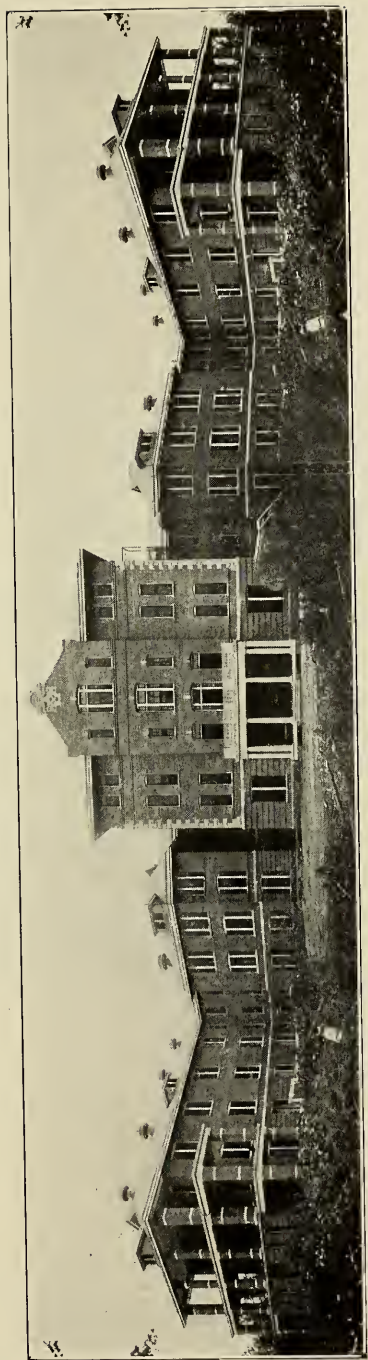
Gloversville: Drs. Eugene Beach, W. S. Garnsey.

Hornellsville: Drs. Jas. E. Walker, W. E. Hathaway.

Hudson: Drs. Thos. Wilson, C. P. Cook.

Ithaca: Drs. Chauncy P. Biggs, Martin Bessmer.

Jamestown: Drs. Wm. M. Bemus, J. W. Scott.



ADMINISTRATION BUILDING, NEW YORK STATE HOSPITAL.



TENTS AT RAY BROOK.

Johnstown: Drs. D. V. Still, C. B. Waldrad.
 Kingston: Dr. G. H. Van Gaasbeek.
 Little Falls: Dr. A. B. Santry.
 Lockport: Dr. S. Wright Hurd.
 Mt. Vernon: Drs. E. F. Brush, N. H. Ives.
 Newburgh: Dr. F. A. Jacobson.
 New Rochelle: Dr. D. J. Roberts.
 New York: Drs. Hermann M. Biggs, Egbert Le Fevre,
 Geo. F. Laidlaw, Wm. H. Vandenburg.
 Niagara Falls: Drs. W. R. Campbell, W. H. Hodge.
 North Tonawanda: Drs. H. C. Leonhardt, F. W. Bentley.
 Ogdensburg: Drs. W. Grant Cooper, Willard N. Bell.
 Olean: Drs. Caesar Smith, D. M. Hibbard.
 Oneida: Dr. A. P. Dodge.
 Oswego: Dr. M. E. Page.
 Plattsburgh: Drs. W. S. Buck, Floyd S. Farnsworth.
 Poughkeepsie: Drs. R. W. Andrews, Chas. E. Lane.
 Rensselaer: Drs. J. C. Sharkey, E. H. Humphrey.
 Rochester: Drs. W. S. Ely, Myron H. Adams.
 Rome: Dr. T. P. Scully.
 Schenectady: Drs. Wm. L. Pearson, W. P. Faust.
 Syracuse: Drs. Henry L. Elsner, J. Willis Candee.
 Troy: Drs. R. H. Irish, H. L. Waldo.
 Utica: Drs. Wm. M. Gibson, F. F. Laird.
 Watertown: Dr. E. S. Willard.
 Watervliet: Dr. L. B. Rulison.
 Yonkers: Dr. H. G. Keith.

Application should be made to the nearest public authorities having charge of the relief of the poor.



SPRINGSIDE SANITARIUM.

AUBURN.

SPRINGSIDE SANITARIUM (June, 1904) :

Exclusively for the treatment of pulmonary tuberculosis ;
early cases are preferred.

Capacity : 15.

Terms : \$15 to \$25 per week.

Resident Physician : Nettie E. Jenkins, M. D.

This small private sanatorium is situated about 1 000 feet above sea level, on a dry sand hill overlooking Owasco Lake. The main building is a large three-story frame house in the midst of pine woods. Each room has four or five windows and an open grate. On the western side of the house there is a screen-enclosed veranda for sleeping purposes. In addition to the main building there is a cottage on the summit of the hill.

Applications should be addressed to Dr. N. E. Jenkins.

BEDFORD STATION, Westchester County.

MONTEFIORE COUNTRY SANITARIUM (1897) :

Exclusively for poor consumptives in the early stages of the disease.

Capacity: 162; during the summer and fall, 166, by the use of tents for sleeping.

There are no charges.

Medical Superintendent: L. Rosenberg, M. D.

The main building of the Country Sanitarium, situated on a farm of 160 acres at an altitude of 450 feet, is formed of four wings, connected by glass-covered corridors. The distinctive feature of the treatment here is the out-door employment given to selected cases of incipient and convalescent pulmonary tuberculosis. "During the spring, summer, and autumn," to quote from the report of Dr. Alfred Meyer, the consulting physician, "this work has been largely in farm, garden and orchard. The produce and supplies raised were far beyond the needs of the institution, and the prize pumpkins, cabbages, radishes, and ears of corn would have done credit to a country fair. The value of such a régime to the patients themselves is simply inestimable. The out-door life it encourages, the training in a useful and healthful occupation, the stimulus that comes with something accomplished, the reduction of the hours of loafing and brooding, all tend to the betterment of the patient, both physical and moral." Last year the average time spent in work by the patients for whom it was recommended was two and a half hours a day and the average number of patients at work was twenty-five. A school has been organized for the children and young people.

Application should be made to the Superintendent of Montefiore Home, Broadway and 138th Street, New York City.

BROOKLYN.

BROOKLYN HOME FOR CONSUMPTIVES, Kingston Avenue
(1881):

For poor consumptives of Brooklyn, without distinction
of color or nationality, in whatever stage of the disease
they may be.

Capacity: 115.

There are no charges.

No physician is in residence.

This institution is a large building pleasantly located in the city. From the beginning of its work, over twenty years ago, patients in an apparently hopeless condition have not been refused. Frequently, however, a cure has been effected in spite of all the probabilities against it. The income is derived from interest on endowments, voluntary contributions and a city appropriation.

Application for admission should be made to Mrs. Sophia S. Boggs, Chairman of the Committee on Application, 178 Clinton Street, Brooklyn.

KINGS COUNTY HOSPITAL, Clarkson Street (1898):

For the destitute sick of Kings County.

There is a separate pavilion for patients suffering from
pulmonary and laryngeal tuberculosis. All stages are
received.

Capacity of pavilion for consumptives: 65.

There are no charges.

Resident Physician: F. W. Smith, M. D.

The building for consumptives is of brick, three stories high, fireproof, with baths, sun rooms, and dormitories on each floor. The hospital is a city institution.

Application should be made to the Department of Public Charities, 126-128 Livingston Street, Brooklyn.

ST. PETER'S HOSPITAL, Henry, Congress and Warren Streets :

A general hospital, but five wards are reserved for consumptive patients.

Capacity of consumptive wards: 75.

There are no charges.

Physicians in charge for November and December, 1904 :

Drs. T. P. Corbally, T. A. McGoldrick, A. A. Rutz and P. J. York; there are always four physicians in charge, serving for terms of two months.

Tuberculous patients are received in all stages of the disease and are treated in separate wards. The capacity of these wards is about one-sixth the total capacity of the hospital. The hospital is under the charge of the Sisters of the Poor of St. Francis.

Applications for admission should be made to the Sisters between 9 and 12 A. M. and 3 and 5 P. M.

BUFFALO.

ERIE COUNTY CONSUMPTION HOSPITAL (1902) :

For indigent consumptives of Erie County.

Capacity: 54.

Resident Physician: E. J. Gilray, M. D.

The Poor Farm, on which this hospital is situated, consists of 156 acres just within the city limits, at an altitude of about 600 feet. The building for consumptives is an isolated one of stone, connected with the main hospital by corridors, and containing six wards, four single rooms, and four sun rooms. It is supported jointly by the City of Buffalo and by Erie County.

Application for admission should be made to the Superintendent of the Poor, Buffalo.

EAST VIEW.

WESTCHESTER COUNTY HOSPITAL (Pavilion for consumptives, 1904) :

The hospital is for the care of the poor of Westchester County, whatever their disease; cases of contagion only are excluded. A brick building containing two general wards, three isolation rooms, and sun parlors, has just been erected, for the separation of the tuberculous patients.

Capacity of the new building: 24.

House Physician: Fred Baker, M. D.

All the beds are free to persons committed by the Poor Master or Commissioner of Charities. In case of vacancies pay patients will be received at the rate of \$7 per week.

Application for admission should be made to the Superintendent of the Poor of Westchester County.

LAKE KUSHAQUA.

STONY WOLD SANATORIUM (October, 1903):

For women and children in the early stages of tuberculosis who are not able to pay in full for treatment at a sanatorium.

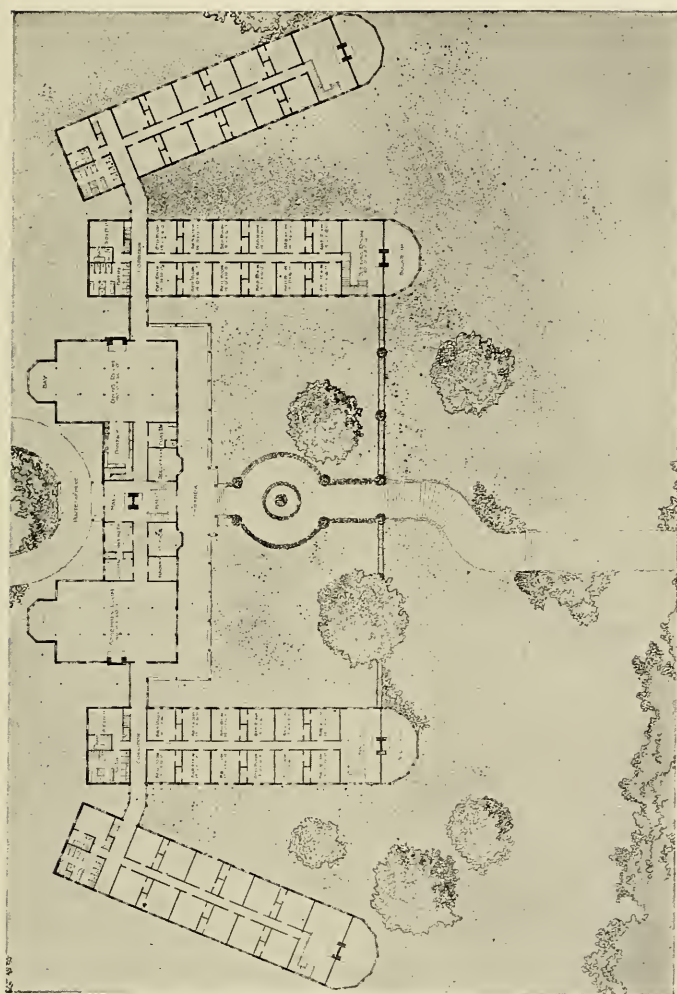
Capacity: at present, 70; the plans contemplate room for 150.

Terms: \$7 per week.

Medical Board: Drs. E. G. Janeway, G. F. Shrady, Francis Delafield, Charles H. Knight, C. M. Cauldwell and James E. Newcomb, of New York; Drs. Henry Hun and Arthur G. Root, of Albany.

The architect's plans contemplate two long dormitories on each side of an administration building. At present the central building, containing offices, dining-room, assembly rooms, and apartments for the resident staff, is completed, and two of the dormitories. In each dormitory there are twenty-five bedrooms, a sitting-room, a sun parlor, nurses' apartments, diet kitchen and bathrooms. The location is near the lake, among the pine woods. Instruction in the ordinary school branches is provided for the children. The funds for building and maintenance are derived entirely from voluntary contributions. Lake Kushaqua is in Franklin County, nine miles from Paul Smith's, on the Adirondack Division of the New York Central and Hudson River Railroad.

Applications should be addressed to Mrs. James E. Newcomb, President, 118 West 69th Street, New York City.



STONY WOLD SANATORIUM, AS CONTEMPLATED.



STONY WOLD AS SEEN FROM THE TRAIN.



SUN PARLOR AT STONY WOLD.

LIBERTY, Sullivan County.

LOOMIS SANATORIUM (1896):

Exclusively for the treatment of tuberculosis.

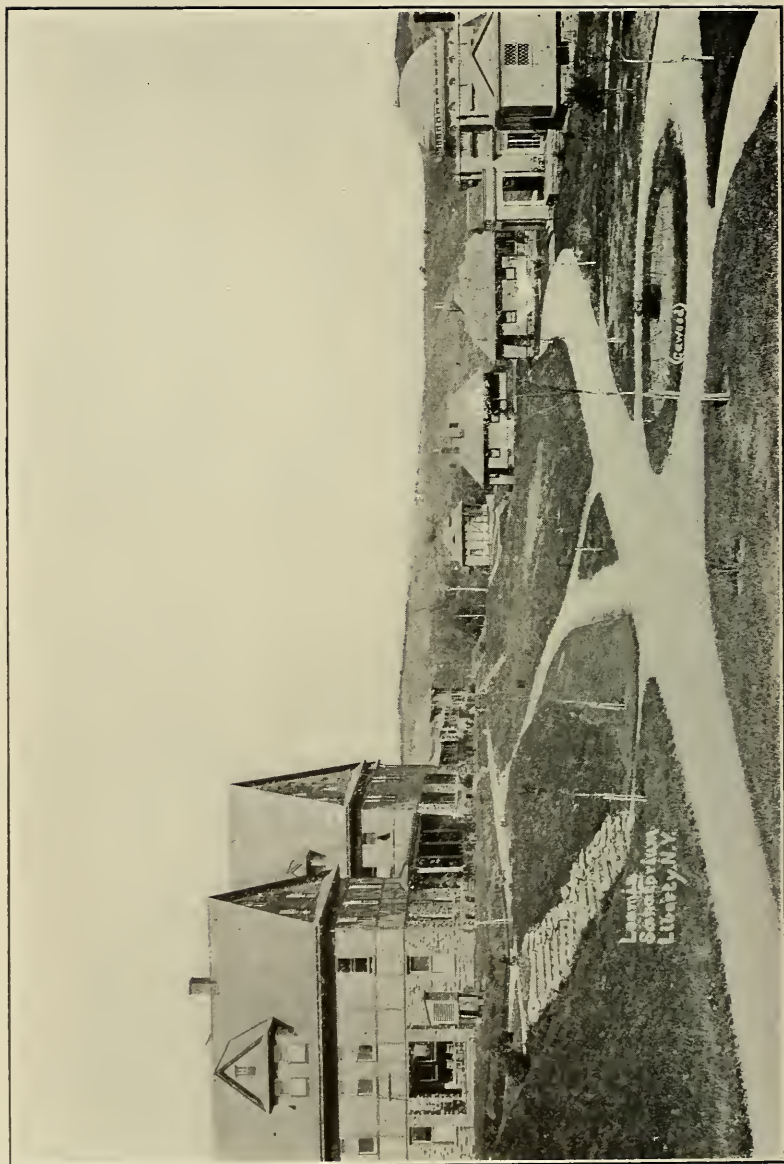
Capacity: 100 in the cottages; 40 in the Annex.

Terms: in the Annex, \$5 per week; in the cottages, \$10 to \$35 per week; there are 14 supported beds.

Physician in Chief: Herbert Maxon King, M. D.; there are three assistants, who are also in residence at the sanatorium.

Two miles from the village of Liberty, on the southern slope of a range of hills, at an altitude of 2,300 feet, are located the buildings which constitute Loomis Sanatorium. The administration building is of stone and half timber, heated by steam and hot water, lighted by electricity, and containing, besides the offices, reception rooms, and dining hall, a laboratory and a number of rooms equipped for different kinds of treatment. There is an infirmary for the treatment of patients more advanced with the disease or temporarily confined to bed. The patients are housed in fourteen cottages, of varying size, scattered over the grounds. There are several cottages adapted for independent housekeeping, which may be taken by a patient and his family, enabling them thus to live apart while at the same time under sanatorium care and régime. A casino, a library, and a chapel, complete the group of buildings.

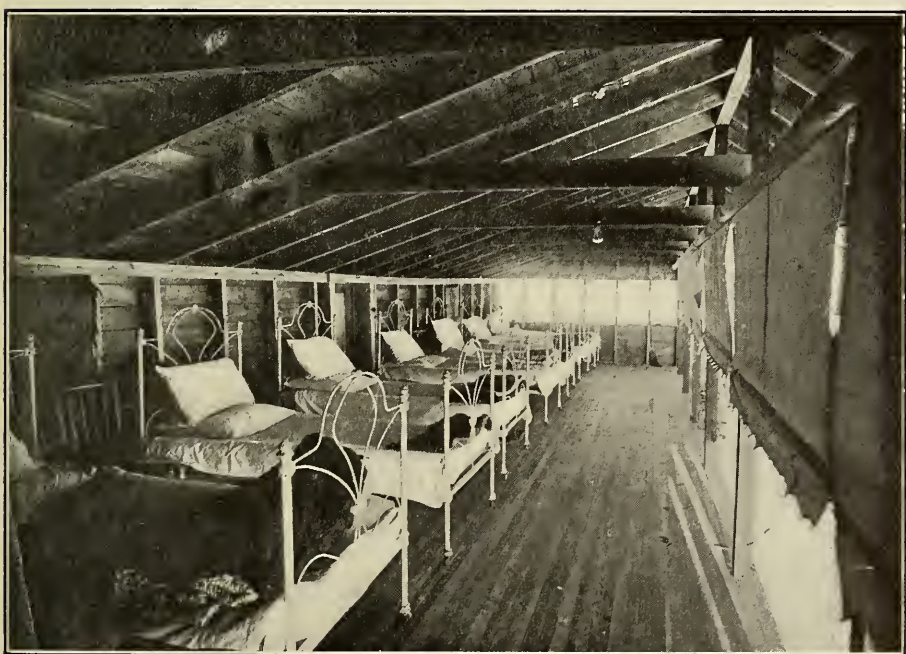
Applications should be addressed to Dr. Herbert Maxon King, Physician in Chief.



LOOMIS SANATORIUM.



"LEAN TO" AT THE ANNEX, LIBERTY.



INTERIOR OF "LEAN TO."

NEW YORK CITY.

TUBERCULOSIS INFIRMARY OF THE METROPOLITAN HOSPITAL,
DEPARTMENT OF PUBLIC CHARITIES (January,
1902):

For the consumptives of New York City who are without resources to procure suitable private treatment; all stages of the disease are received, and the advanced cases isolated.

Capacity: 450.

There is no provision for pay patients.

Chief of Resident Staff: J. B. Mickle, M. D.

The history of the Tuberculosis Infirmary on Blackwell's Island is of sufficient interest to justify the following quotations from the Annual Report of the Department of Public Charities of the City of New York, for the year 1902:

"On January 1, 1902, there was no hospital set apart for consumptives in the Department, though there were 318 consumptive patients in Bellevue, City, Metropolitan and Almshouse Hospitals, of whom 155 were distributed through wards occupied by other patients, while 163 were in wards devoted to this disease, but in the same buildings as wards occupied by other patients. On Blackwell's Island, near the Metropolitan Hospital, there were three buildings formerly occupied by the Manhattan State Hospital for the Insane, but vacated by that hospital in October, 1901. On January 31, 1902, one of these buildings was opened as a hospital for consumptives, and within a week all consumptive patients not in wards set apart exclusively for consumptives were transferred from Bellevue, City and Metropolitan Hospitals to this new hospital. A second building was subsequently put in order by this Department through its own labor, the bars being removed from the windows, the gratings removed from over the doors, the walls painted, new floors laid and the buildings otherwise made fit for habitation, and as rapidly as the buildings could be put in order the phthisis patients were removed from the former phthisis wards in the Metropolitan main building and at the Almshouse. All phthisis patients received by the Department subsequent to the opening of this hospital were sent there directly."

"The Deputy Superintendent of the Metropolitan Hospital was . . . assigned to the Tuberculosis Infirmary, with instructions to give special attention to personal acquaintance with the

patients and to the social life of the institution, and also study the sociological aspects of the tuberculosis problem."

The building for women has room for 90 patients. The men's building is much larger and consists of wide, light halls with rooms for one and two beds opening off them. There are no doors between the rooms and the corridors, and the free circulation of air is thus unhindered. Tent cottages provide for 125 men and 25 women. They were in use all through last winter. Patients who are able to work, generally about one-third of all, are assigned some definite duty. Recently a solarium has been added to the equipment.

Application should be made to the Superintendent, Bureau of Dependent Adults, foot of East 26th Street.

RIVERSIDE SANATORIUM FOR PULMONARY DISEASES (1903):

For poor consumptives of New York City in any stage of pulmonary tuberculosis.

Capacity: 68.

There are no charges.

Resident Physician: Samuel T. Watson, M. D.

The Riverside Sanatorium is located on North Brother Island, East River, in three one-story pavilions divided into two or more wards. It is supported by the city, and is under the direct management of the Department of Health.

Application for admission should be made to the Department of Health, 55th Street and Sixth Avenue.

SETON HOSPITAL, Spuyten Duyvil Parkway (1895):

For all stages of pulmonary tuberculosis, and for other forms of tuberculosis in children.

Capacity: in Seton proper, 200 men; in new annex, Nazareth, 150 women and children.

The wards of the hospital are generally kept filled with patients dependent on the Department of Public Charities, and the cost of their treatment is met by the city.

There are also 25 or 30 private rooms for persons able to pay from \$10 to \$20 per week.

Resident Physician: B. B. Steedly, M. D.

The site is an eminence of about 200 feet elevation overlooking the Hudson. The buildings are of modern type in

regard to sanitation and ventilation. A maximum amount of sunlight and fresh air is available both in wards and in private rooms. The institution is in charge of the Sisters of Charity. There are two resident physicians, and a number of the specialists of the city are on the visiting and consulting staff. The chief source of income is the fees paid by the city, but the institution receives some funds also from private patients, voluntary contributions and endowments.

Private patients should apply directly to the Superintendent of the Hospital; by others application should be made to the Superintendent, Bureau of Dependent Adults, foot of East 26th Street.

ST. JOSEPH'S HOSPITAL FOR CONSUMPTIVES, St. Ann's Avenue and 143d Street (1882):

For poor consumptives, irrespective of nationality or religion; patients in all stages are received, but the majority are advanced cases.

Capacity: 300.

There are 280 free beds; the charge in private wards is \$5 per week; in private rooms, \$10.

Physician in Chief: Charles M. Cauldwell, M. D.

Physician in Charge: Henry Wollner, M. D.

Consulting Physicians: Drs. John Dorning and Frank E. Miller.

Visiting Physicians: Drs. H. L. Shively, A. Spence, J. H. Larkin, E. W. Perkins, J. L. Dinning, A. Muller, F. H. Dillingham, T. H. Curtin, J. B. Manning, J. J. Morrissey, C. E. Banker, A. R. Braunlich and J. F. Holmes.

Visiting Surgeons: Drs. W. J. Furness, M. J. Schwerd, C. H. McIlwaine.

This institution covers the entire block between St. Ann's and Brook Avenue and 143d and 144th Streets. It is owned and conducted by the Roman Catholic order of The Sisters of the Poor of St. Francis. There is a garden attached to the grounds. The main building is a four-story structure, facing south, with east and west wings. It is lighted by gas and heated by steam radiators. The ground floor is divided into waiting-rooms, sitting-rooms, offices, examining-rooms and small wards. The three upper stories are each divided into five large wards,

five small wards and a few single rooms. The chapel occupies a separate extension. In the rear of the main building, but separated from it, is a house devoted to the use of incipient and arrested cases of consumption. An average of 1,500 patients is treated each year. Apart from the individual good which these consumptives may derive from hospital care the public at large is benefited by the removal of the invalids to a place where they cease to be centers of infection, and where they no longer hamper the wage-earning capacity of the remaining members of their families.

(This paragraph is substantially a quotation from Dr. S. A. Knopf's *Prophylaxis and Treatment of Pulmonary Tuberculosis*, p. 160.)

The institution is supported by voluntary contributions and appropriations from the city.

Application should be made to the Sister Superior.

THE HOME FOR INCURABLES, occupying an entire block at Third Avenue and 181st Street:

Receives a few consumptives in single rooms.

Not more than 12 can be accommodated at one time, and the usual proportion is about 6 out of 250 patients.

The rates are \$10 per week and up, in single rooms.

Applications should be addressed to Israel C. Jones, M. D., Medical Superintendent.

THE HOUSE OF REST FOR CONSUMPTIVES, Bolton Road and 209th Street (1869):

Chiefly for advanced cases of consumption.

Capacity: 39.

There are no charges, the institution being supported by endowments and voluntary contributions.

There is no resident physician.

For ten years previous to January, 1902, the House of Rest arranged for its beneficiaries to be cared for at St. Luke's Hospital. At that time the estates at Inwood were purchased and the necessary alterations begun. The primary object is to provide a refuge for incurable consumptives, but hopeful cases are not excluded.

Application should be made to George F. Sauer, Superintendent.

LINCOLN HOSPITAL AND HOME, East 141st Street and Southern Boulevard (1839) :

A general hospital, with separate provision for about 40 consumptives in wards and private rooms; patients are received in all stages of pulmonary tuberculosis.

Terms: for those able to pay, \$1 per day in the wards, and from \$15 to \$35 per week in private rooms; many free patients are accepted who are sent by the Department of Public Charities.

The resident staff consists of six physicians.

This institution was originally a Colored Home, with an attached hospital, chiefly for chronic cases. About two years ago it was changed to a general hospital, for both white and colored. The buildings occupy an entire block on high ground in the Bronx, overlooking the East River and Long Island Sound.

Applications should be made between 8 A. M. and 6 P. M., at the office of the Superintendent.

MONTFIORE HOME FOR CHRONIC INVALIDS, Broadway and 138th Street (1884) :

One ward is reserved for patients in advanced stages of consumption who are unable to pay for treatment.

Capacity of the consumptive ward: 40.

There are no charges.

Superintendent: A. Haussman; there are four resident physicians.

Montefiore Home occupies an entire block in the northwestern part of the city, near the Hudson River, and not as yet crowded with high buildings. This, and the Country Home at Bedford Station, are charities supported by the Jewish philanthropists of the city.

Application for admission should be made to the Superintendent.

SEASIDE TENT CAMP for children suffering from tuberculosis in bones and glands (June, 1904) :

For children from three to ten years of age, suffering from non-pulmonary tuberculosis.

Capacity: 54.

There are no charges.

Resident Physician: M. Burnham, M. D.

This experimental sanatorium, the first of its kind in America, was established and is maintained by the New York Association for Improving the Condition of the Poor. It is located on the Coney Island shore, at Surf Avenue and Thirty-first Street, just west of Sea Breeze, the Association's fresh-air home, and is sufficiently far removed from the amusement halls and gaieties to be undisturbed by the noise of the usual Coney Island crowd. The tent camp consists of ten rectangular tents with wooden floors, raised a sufficient distance above the ground to allow ventilation and prevent dampness.

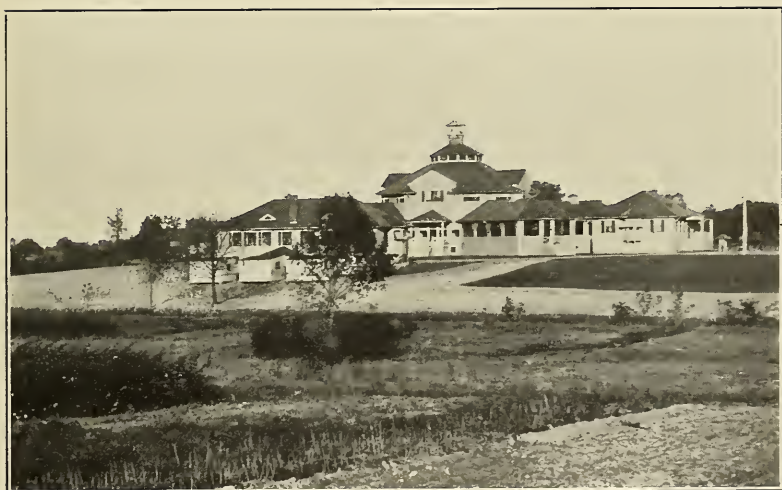
Eight of the tents are arranged in the figure of an octagon, with a board walk connecting them, enclosing a playground of sand some thirty feet wide. Four of these tents are accommodating fifty children, one is for nurses and administration, one with open sides is a playroom, and one is used for a dining-room. The dining tent is connected with a small, single-storied, wooden structure, used in part for a kitchen and pantry, and in part for a wash-room for the children. In this building there is also a small room utilized for dressing abscesses and wounds resulting from necessary operative treatment. Two smaller tents, situated at a little distance, are used, one for attendants and one as an isolation ward.

The scope of the hospital is limited to the treatment of non-pulmonary tuberculosis in children from three to ten years of age. It is not expected to carry out major surgical operations, such as are often necessary in some forms of tuberculosis, nor is it feasible to make all the appliances necessary for the treatment of joint and spinal cases. It is rather intended to prevent the use of the surgeon's knife and to hasten convalescence when operations have been necessary, and to prove to the community that hygienic means may avail in some cases which otherwise would be relegated to the surgeon or considered hopeless. A

public school teacher has been assigned to the camp by the New York Board of Education.

It is proposed to continue this work throughout the winter, but no longer. The purpose of the Association is to make a demonstration which will induce public authorities and private organizations or individuals to establish permanent hospitals for this class of cases.

Application should be made to The New York Association for Improving the Condition of the Poor, 105 East 22d Street, New York City.



ROCHESTER HOSPITAL, FOR INCIPIENT CASES.

PAUL SMITH'S (P. O. Gabriels).

SANATORIUM GABRIELS (1897) :

For early cases of consumption and convalescents from other pulmonary diseases.

Capacity: 70.

Terms: From \$10 to \$18 per week, according to location of rooms; one free patient is taken in every ten.

Resident Physician: R. L. Strong, M. D.

The location is a broad park of undulating ground, rising gradually to Sunrise Mount (altitude 2,000 feet), which shelters the building from the north winds, and surrounded by pine and spruce forests. The sanatorium consists of an administration building, surrounded by cottages. A special feature is the system for heating and ventilation, by which air from outside is continually being warmed and introduced into the rooms. The entire volume of air throughout the buildings is changed in the course of five minutes. The Sisters of Mercy are in charge. A small magazine, *Forest Leaves*, is published quarterly by the Sanatorium.

Application should be made to the Mother Superior.

ROCHESTER.

HOSPITAL FOR INCIPIENT CASES OF TUBERCULOSIS (May, 1904) :

Capacity: 40.

Charges are according to the ability of the patient, up to \$7 per week; most of the cases pay a little.

This hospital is maintained by the Rochester Public Health Association, as part of its work against tuberculosis. Its quarters are a building known as the Municipal Hospital, the use of which has been granted by the city authorities. It is situated in twenty-six acres of ground, and is well adapted to the purpose for which it is being used.

Applications should be addressed to G. W. Goler, M. D., Physician in Charge.

SANTA CLARA, Franklin County.

HILL CREST AND UPLANDS, summer vacation houses, not sanatoriums (June, 1895):

For working girls and women who are threatened with tuberculosis or are in the incipient stage.

Capacity: 56:

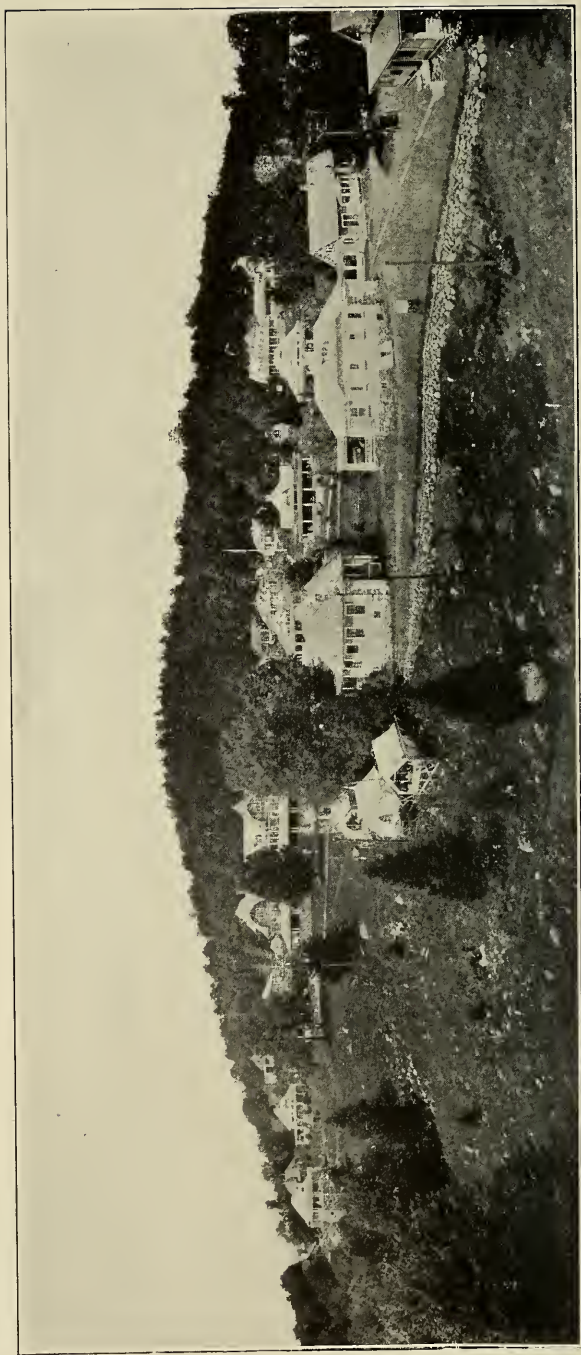
Terms: full board, \$7 per week, sometimes paid by friends of the girls; others are allowed one month free, after which they pay whatever they can afford, usually from \$3 to \$5 per week.

Resident Physician: Caroline M. Stengel, M. D.

The Working Girls' Vacation Society exists, as its name indicates, for the purpose of making suitable vacations possible for working girls who are broken down in health. The two houses at Santa Clara are used for those who have tubercular tendencies or are already in the first stages of the disease. The length of stay is determined by the examining physician. In the summer of 1903 it averaged over five weeks for the 120 girls cared for.

Santa Clara is located in the Adirondacks, 40 miles northwest of Saranac, on the New York and Ottawa Railroad, at an altitude of 1,800 feet. The vacation houses are open from June 1 to November 1.

Application should be made to Miss E. A. Buchanan, 361 West 34th Street, New York City.



ADIRONDACK COTTAGE SANITARIUM.

SARANAC LAKE (P. O. Trudeau.)**ADIRONDACK COTTAGE SANITARIUM (1885):**

For persons who cannot afford to pay more than \$5 per week and who are in the very early stages of pulmonary tuberculosis or are at least favorable types. Capacity: 100; 112 in summer, by the use of tents.

The uniform charge is \$5 per week; there is a free bed fund, the interest of which is applied to prolonging the stay of needy patients.

President: Edward L. Trudeau, M. D.

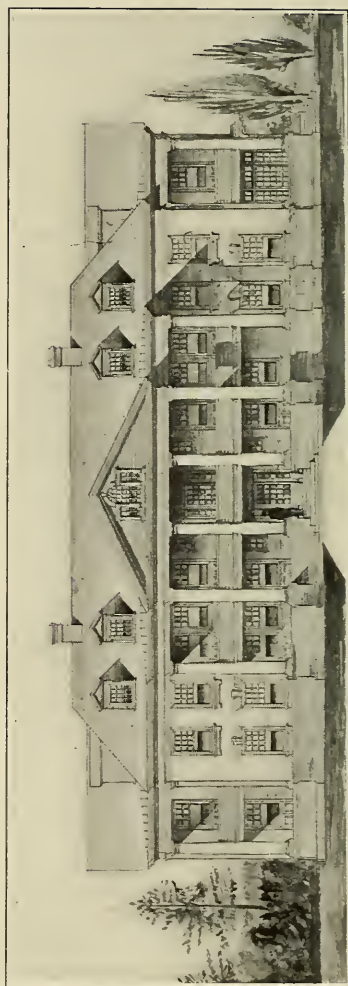
Resident Physicians: Lawrason Brown, M. D., and David C. Twitchell, M. D.

From a one-room cottage heated by a wood stove and lighted by a kerosene lamp Adirondack Cottage Sanitarium has grown to a small village of twenty-five or more buildings—the main building, twenty-one cottages, an infirmary, a pavilion, a chapel, a library, and a post-office—situated in the Adirondacks, a mile from Saranac Lake, at an altitude of 1,650 feet.

In the first years of the existence of this sanatorium it was a problem to induce patients to go to it and to stay. Now not one in twenty of the applicants can be received, and the waiting list of successful applicants is usually long. For the benefit of persons who are attracted to Saranac Lake, either in the hope of gaining admission to the sanatorium or through confidence in the climate, two unusual accessories have been developed. A Bureau of Information is maintained in the village, for the purpose of advising strangers, and helping them to find boarding-places, and an Out-Patient Department has, for over three years, given free medical advice to patients on the waiting list and to unsuccessful applicants for admission who cannot afford to pay for medical treatment. An attempt is made, through the Co-operative Employment Bureau conducted by the institution, to find suitable work in healthful regions for patients when they leave. A monthly magazine, *The Outdoor Life*, is published at the sanatorium.

The uniform fee of five dollars per week does not cover much more than half the cost of maintenance. The deficit is made up by gifts and subscriptions. From the beginning the summer residents have been an important source of contributions.

Application should be made to any of the following physicians: Dr. Lawrason Brown, Saranac Lake; Dr. James Alexander Miller, New York City; Dr. Linsly Williams, New York City.



THE NEW RECEPTION COTTAGE.

RECEPTION COTTAGE (April, 1901):

For "tuberculous patients who come with the expectation of admission to the sanitarium, but because of acute or advanced illness are refused admission and are unable to receive suitable care at a cost within their means."

Capacity: 15.

Terms: \$7 per week.

Medical Director: Edward R. Baldwin, M. D.

This is a house maintained chiefly by Miss Mary R. Prescott, of New Bedford, Massachusetts. The fee charged is almost \$5 less per week than the actual average cost of maintenance. The building occupied at present is a three-story modern dwelling, rented from year to year and not well adapted for hospital purposes. A new building for fifteen patients has just been completed and will be occupied January 1, 1905. Admission is not granted by letter; patients must be in Saranac Lake village at the time of application, which should be made to Dr. Edward R. Baldwin.

RAYMOND COTTAGE (June, 1902):

For early cases of pulmonary tuberculosis and moderately advanced ones if there are no complications.

Capacity: 14 in summer; 10 in winter.

Terms: \$10 per week and up.

There is no physician in residence, but the visiting staff consists of Drs. E. L. Trudeau, E. R. Baldwin, Charles C. Trembly and Lawrason Brown; Mrs. Josephine R. Raymond, who is in charge, is a trained nurse with ten years' experience in the care of tuberculosis cases.

The location is the southwestern slope of Mt. Pisgah, three-quarters of a mile from the post office, and 100 feet above the village. In the main building there are eight bed-rooms for patients and in a smaller building, four. Three tents are used. There are well-protected porches, and a sun parlor 24 feet by 10.

Application should be made to Mrs. Josephine R. Raymond.

RUMANAPP COTTAGE (July, 1902) :

Patients are received in all stages of pulmonary tuberculosis.

Capacity: 14 in winter, 20 in summer.

Terms: \$8 to \$12 per week; there are extra charges for meals served in the patient's room and for special nursing.

There is no resident physician; Miss Rumanapp is a trained nurse, and the visiting staff consists of Drs. Brown, Twitchell, Baldwin, Trembly and Kinghorn.

The house is a two-story cottage with porches on two sides, situated in the village, facing Lake Flower. Tents are used in the summer.

Application should be made to Miss Edith Rumanapp, Lock Box 596.

VERBANK, Dutchess County.**ALL SAINTS' HOME (1886) :**

For men only; not exclusively for consumptives, but early cases are received.

There is room for 10 tuberculous patients, in a pavilion reserved for them.

Terms: \$14 per week if the applicant is able to pay; otherwise there is no charge.

There is no resident physician, nor any regularly appointed visiting physician. The place is in charge of the Brothers of Nazareth. It is three miles from the railroad station, among the hills, at an altitude of about 1,000 feet.

Applications should be addressed to the Brothers of Nazareth.

NORTH CAROLINA

ASHEVILLE.

THE WINYAH SANITARIUM (October, 1888) :

For diseases of the lungs and throat; far advanced or hopelessly exhausted cases of consumption are not admitted.

Capacity: 80.

Terms: \$30 per week.

Medical Director: Karl von Ruck, M. D.

In January, 1900, the Winyah Sanitarium took possession of a new establishment. The site "is a wooded park of 20 acres, well sheltered, and just outside the limits of the city of Asheville, so far removed from the center of the town as to be free from noise and dust, and yet of easy access by a branch of the Asheville electric street-car system, which passes directly through the grounds."

The buildings "consist of a main structure, a large annex, and two cottages, all connected by glass-enclosed steam-heated porches and passages." There are piazzas with exposure in all directions, some of them enclosed in glass with movable windows. In addition to the indirect method of steam heating extending to all parts, there is also an open fireplace in each room. The lighting is by electricity; the water supply is from an artesian well. A laboratory for clinical work and for scientific research is a feature of the equipment, also special departments for laryngology and for physical and electro-therapeutics.

Applications should be addressed to Dr. Karl von Ruck.

ST. JOSEPH SANITARIUM (1902) :

For all forms of tuberculosis.

Capacity: 25.

Terms: \$15 per week and upwards.

There is no house physician; any physician of the city is at liberty to send patients to the sanitarium.

At present there is one building, with a wide veranda, surrounded by a shaded lawn. A new equipment, more complete and extensive, is planned. The sanitarium is in charge of the Sisters of Mercy, to whom application for admission should be made.



THE WINYAH SANITARIUM.

DR. STEVENS' HOME (May, 1903) :

For non-surgical cases of tuberculosis in the early stages.

Capacity : 8 ; others can be accommodated in a boarding house near or in tents during the summer.

Terms : \$20 to \$25 per week.

Physician in charge : Martin L. Stevens, M. D.

Dr. Stevens' Home is within the town limits, but away from the busy and dusty streets, and is surrounded by a large, shady lawn.

For further information application should be made to Dr. Stevens.



FRANKLIN HUMANITARIAN HOME.



PINESHIRE SANITARIUM.

BLACK MOUNTAIN.

FRANKLIN HUMANITARIAN HOME (June, 1902):

For "working people whose lives are worth saving," in early stages of pulmonary tuberculosis.

Capacity: 12.

Terms: \$3 per week.

There is no resident physician.

Here is an attempt to provide for a few of the many persons who go to Asheville for the sake of the climate, but have little or no money with which to meet the expenses of board and treatment after they arrive. The price charged for board does not cover expense of maintenance, and the deficit is made up through the efforts of Mrs. M. Franklin Mallory, the founder and manager of the Home. Each patient is required to do some regular daily work, unless his physician advises against it.

The "Home" is situated on the western slope of the Blue Ridge, twelve miles east of Asheville, at an altitude of about 2,400 feet. At present it consists of a twenty-room, two-story house, on a farm of 200 acres. Shack tents are being erected in the pine groves on the grounds, and by means of these the accommodations can be increased almost indefinitely.

Applications should be sent to Mrs. M. Franklin Mallory.

SOUTHERN PINES.

PINESHIRE SANITARIUM FOR DISEASES OF THE LUNGS AND THROAT (November, 1901):

Patients are received in the first and second stages of pulmonary tuberculosis.

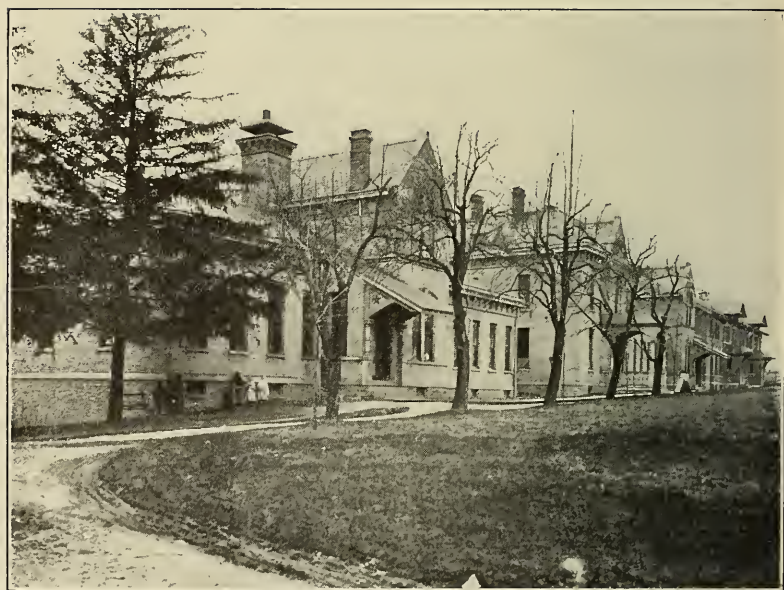
Capacity: 30.

Terms: \$17.50 to \$35 per week.

Resident Medical Director: Louis Fielding High, M. D.

Southern Pines is about 100 miles from the coast, in the sandy, turpentine pine belt which extends south to Florida, and has an altitude of 700 feet. The sanitarium is a large building on a western slope, in the suburbs. Most of the bedrooms are heated by open fire-places and all have large windows, some as many as six. A wide veranda extends around the building, with a sun-parlor on the first floor. In this climate life in the open air is attractive at all seasons. Modern facilities for scientific hydrotherapy have recently been added.

Application should be made to Dr. Louis F. High.



BRANCH HOSPITAL FOR CONSUMPTIVES.

OHIO

STATE SANATORIUM :

Thirty-five thousand dollars was appropriated by the legislature in 1904, to begin work on a state sanatorium. It is hoped that this initial sum will suffice for the purchase of land and for the preparation of architect's plans, and that an appropriation for construction and equipment will be made during the legislative session, 1904-1905. (See pages 246, 247.)

CINCINNATI.

THE BRANCH HOSPITAL FOR CONSUMPTIVES (July, 1897) :

For persons in any stage of pulmonary tuberculosis who have been residents of the city for at least one year.

Capacity: 120 in winter; in summer it can be extended indefinitely by the use of tents.

There are no charges to residents of the city; for patients coming from outside, or for those who wish private rooms, the rate is \$14 per week.

There is no physician in residence; the visiting physician is B. F. Lyle, M. D.

This is a city institution, but it is situated outside of the city in its own grounds of 52 acres. The altitude is 850 feet. The main buildings consist of nine wards; the solarium has one large ward and five private rooms; tents are used, also, in whatever number is required.

Applications should be addressed to the Cincinnati Hospital.

CLEVELAND.

TUBERCULOSIS SANATORIUM OF THE CITY HOSPITAL (October, 1903) :

For poor consumptives in any stage of the disease.

Capacity: 75.

There are no charges.

Resident Physician: J. C. Placak, M. D.

The Sanatorium is one building two stories high and 200 feet in length, situated 600 feet from any other building, on the brow of a hill overlooking the city. There are four wards and sixteen private rooms, and twelve-foot porches on three sides of the building.

Application should be made to Fred. C. Emde, Superintendent.



CLEVELAND TUBERCULOSIS SANATORIUM.

DAYTON.

THE MIAMI VALLEY HOSPITAL has, for two years, reserved for consumptives a small isolation building, with accommodations for three patients. These beds are free. One tent also is used. There are two resident physicians in the Hospital.

Applications should be made to the Superintendent.

PRICE HILL, Cincinnati.

WESTERN HILL HOSPITAL AND SANITARIUM (1894):

Exclusively for early cases of tuberculosis.

Capacity: 30.

Terms: ten patients are treated free of charge; for others, \$10, \$15 or \$25 per week.

Resident Physician: Oswald Katz, M. D.

The Hospital is located on an eighty-acre plot 900 feet above sea level, near the Ohio River. There are twelve specially constructed cottages arranged in a semi-circle on the crest of a hill and separated from one another by a ten-foot space; also other cottages for diet kitchen and nurses. All the buildings have adjustable glass roofs and verandas extending entirely around.

Application should be made to Dr. Oswald Katz.

PENNSYLVANIA

STATE SANATORIUM:

Attempts to secure the establishment of a state sanatorium have been made at various times by the Pennsylvania Society for the Prevention of Tuberculosis, but they have not been successful. The state contributes, however, to the support of certain private institutions.

GREENTOWN, Pike County.

PRIVATE TENT CAMP (June, 1904):

Exclusively for early cases of pulmonary tuberculosis.

Capacity: 4 in winter; 7 in summer.

Terms: \$80 per month.

Resident Physician: Albert S. Ashmead, M. D.

The Camp is situated in the Pocono Mountains at an altitude of 2,000 feet. Each patient has his own tent or wooden chalet, facing east, as the storms are generally from the northwest. Greentown is reached by stage from Gouldsboro, the nearest railroad station, which is on the Delaware, Lackawanna and Western Railroad.

Application should be made by the patient's physician to Dr. Albert S. Ashmead.

LANSFORD (P. O. Summit Hill).

MT. JEFFERSON SANATORIUM (1904):

For all stages of pulmonary and laryngeal tuberculosis.

Capacity: 25.

Terms: \$10 per week.

Resident Physician: W. H. Clewell, M. D.

During the first summer of its existence this sanatorium has consisted of a tent camp on the top of Sharp Mountain, 1,600 feet above sea level. It is the intention to erect dormitories and administration buildings for winter use. The institution is designed to meet the needs of that large class of consumptives who are able to pay a moderate fee for treatment, but not the ordinary sanatorium prices.

Application should be made to Dr. W. H. Clewell.

MONT ALTO, Franklin County.

SOUTH MOUNTAIN CAMP SANATORIUM (March, 1903) :

For consumptives in the early stages of the disease who are citizens of Pennsylvania and not able, financially, to go elsewhere.

There are accommodations for 38 persons.

Terms: shelter and fuel are free of charge, but everything else must be provided by the campers.

There is a resident physician, and the consulting physicians are easily accessible.

This is, as its name indicates, merely a camp in the woods. Its existence is due to the interest and initiative of Dr. Rothrock, the State Commissioner of Forestry. The land and buildings are state property. All that the state furnishes, however, is "shelter, fuel, air, and water." Campers are expected to make their own arrangements about food and other provisions. There are eleven plain board cabins, ten feet square, intended for two men each, and seven cottages for women, each with two rooms and a small kitchen. Cots and stoves are the only furniture provided. A large assembly building has been erected for the use of all.

From the beginning the number of applications has far exceeded the accommodations, in spite of the slight attractions offered and the strict enforcement of certain rules in the camp.

Applications should be addressed to Dr. J. T. Rothrock.

PRIVATE SANATORIUM (to be opened June, 1905) :

A private sanatorium, intended to be a comfortable home for about ten patients, will be opened, in the summer of 1905, within half a mile of the South Mountain Camp Sanatorium, by Drs. J. T. and A. M. Rothrock.

Inquiries should be addressed to Dr. J. T. Rothrock, Mont Alto, Franklin County.



THE SHEPPARD COTTAGE, HOSPITAL FOR DISEASES OF THE LUNGS.



WILSTACH COTTAGE, HOSPITAL FOR DISEASES OF THE LUNGS.

PHILADELPHIA.

PHILADELPHIA GENERAL HOSPITAL, 34th and Pine Streets:

For the poor of the city; consumptives are segregated.

Capacity of the tuberculosis buildings: 174.

All beds are free.

Chief resident physician: M. H. Biggs, M. D.

For ten years the consumptives have been isolated in wards. New buildings have just been constructed, especially designed for the treatment of tuberculosis. They include a hospital of 66 beds and six pavilions made entirely of glass and steel, each accommodating 18. These buildings are on the highest part of the hospital grounds, not far from the river. During the summer of 1903 the hospital roof was converted into a ward where as many as possible of the patients in the earlier stages of consumption were kept night and day.

Application should be made to the Chief Resident Physician.

THE HENRY PHIPPS INSTITUTE maintains a hospital for advanced cases of tuberculosis, at 238 Pine Street.
(See page 248.)

HOSPITAL FOR DISEASES OF THE LUNGS, Chestnut Hill
(1876):

For women unable to pay for proper treatment; all stages of pulmonary tuberculosis are received, and cases of bronchitis, but most of the patients are consumptives in an advanced stage.

Capacity: 60; there is room in tents for 14 more.

There are no fixed charges, but patients and their friends are expected to contribute, according to their means, toward the support of the hospital.

Consulting Physician: J. Solis Cohen, M. D.

Resident Physician: Anna L. Bacon, M. D.

Visiting Physicians: Drs. Wm. M. Angney, Charles A. Currie, J. Clinton Foltz, Myer Solis Cohen; Arthur W. Watson, laryngologist; Robert L. Pitfield, bacteriologist.

This Hospital, and the House of Mercy (see page 122) were established by the Philadelphia Protestant Episcopal City Mis-

sion in 1876, and were the first institutions in Pennsylvania especially for consumptives. More than 3,500 patients have been cared for by this organization, either at home or in the hospital. No distinction is made on account of nationality, creed, or color.

At Chestnut Hill buildings designed especially as a hospital for consumptives have been erected. They are located on an elevated piece of ground, 500 feet above tide water, one of the highest points near Philadelphia. There are four hospital buildings and one administration building. The institution is conducted on the separate principle, each patient having her own room. All bedrooms face due south. Two of the hospital buildings have been furnished with wide open porches, on which the beds of the patients are placed. In stormy weather heavy awnings are dropped to the floor. The fresh-air treatment has been in force for nearly ten years. In the summer of 1903 tent life was introduced; this was tried again in 1904, and in both years was continued until high winter winds rendered the tents insecure.

Application should be made to Rev. H. L. Duhring, D. D., Old St. Paul's Church, 226 South Third Street, Philadelphia.

THE HOUSE OF MERCY, 411 Spruce Street (1876):

For consumptive men, in all stages of the disease, who are unable to procure suitable care elsewhere.

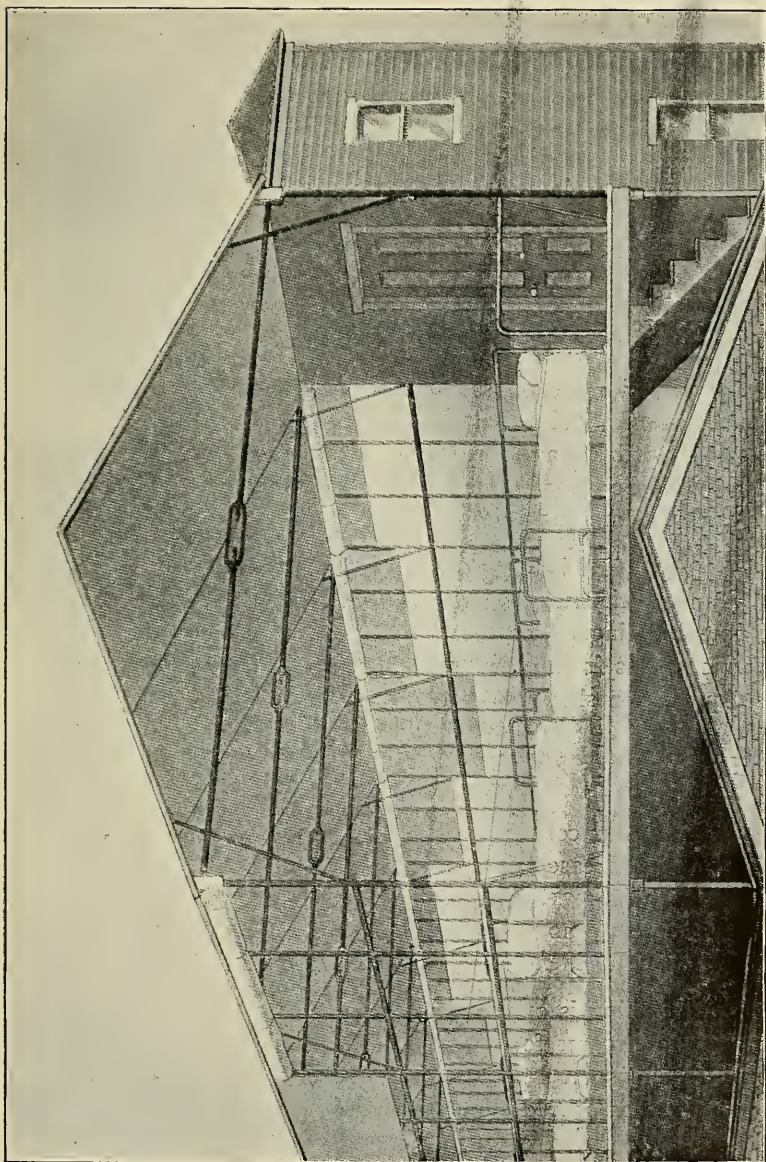
Capacity: 12.

There are no charges; patients are requested to make some contribution if they are able to do so.

House Physician: William Muir Angney, M. D.

Almost all of the patients here are advanced cases. They are cared for in four small wards in a city house. A roof garden is used for open-air treatment. This institution is maintained by the Protestant Episcopal City Mission. (See page 121).

Application should be made to Rev. H. L. Duhring, D. D., Old St. Paul's Church, 225 South Third Street.



ROOF PAVILION AT RUSH HOSPITAL.

RUSH HOSPITAL, Lancaster Avenue and Thirty-third Street
(1892):

Exclusively for treatment of pulmonary and laryngeal tuberculosis; patients in all stages are received.

Capacity: City Hospital, 40; Country Branch, 25.

Terms: \$5 per week in the wards; \$10 to \$20 in private rooms.

There is no resident physician, but the visiting physicians, S. Solis Cohen, M. D., and T. Mellor Tyson, M. D., are always accessible.

The City Hospital consists of two wards, an open-air pavilion, and private rooms.

The Country Branch, at Malvern, Pennsylvania, accommodates 25 patients in small rooms, open-air shelters, and tents.

A larger city hospital, with provision for at least 80 patients, is now building. The institution is supported by a state endowment, fees from patients, and voluntary contributions.

Application should be made to the Superintendent.

LUCIEN MOSS HOME, Jewish Hospital, York Pike and Tabor Road (June, 1900):

For poor consumptives of Jewish faith, in any stage of the disease.

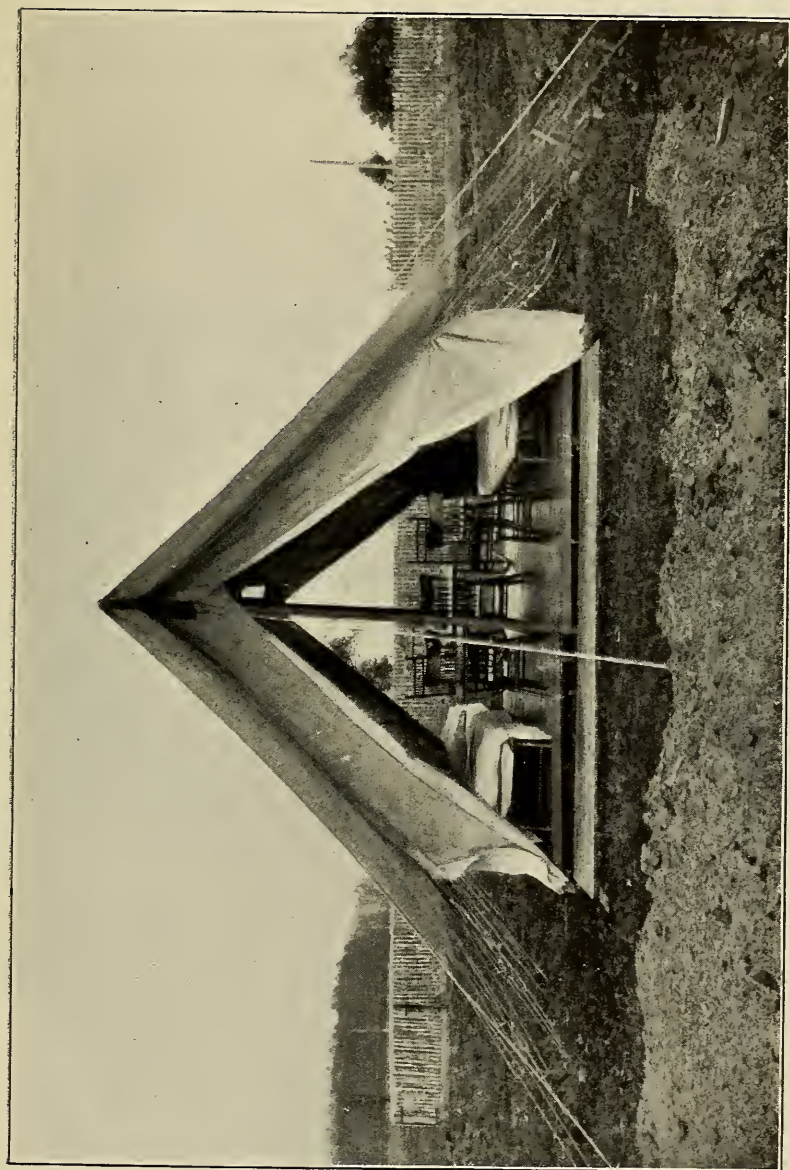
Capacity: 31.

There are no charges.

Chief Resident Physician: Edwin D. Jarecki, M. D.

The building is of brick, four stories high, with sun parlors and separate rooms for patients. All the sleeping rooms have a southern exposure.

Application should be made to Dr. Edwin A. Jarecki.



TENT USED AT COUNTRY BRANCH OF RUSH HOSPITAL.

THE DERMADY SANATORIUM, Gowen Avenue and Sprague Street, Mt. Airy (June 1, 1904) :

Exclusively for pulmonary tuberculosis.

Capacity: 25.

Terms: \$12 to \$27.50 per week.

There is no resident physician; patients can have the advice of Drs. Lawrence F. Flick, William B. Stanton, Joseph Walsh, D. J. McCarthy, H. M. B. Landis, and Charles Hatfield.

This sanatorium is twelve miles from Philadelphia, at an altitude of 500 feet. The main building is a three-story house of gray stone, and the annex, which will accommodate twelve patients, is a smaller building, of stone and wood. Over two acres of wooded lawn surround the houses. Graduate nurses and a graduate in hydrotherapy are in attendance. Any physician may place and treat patients in this institution.

Application for admission should be made to Miss Margaret G. O'Hara.

PITTSBURG.

THE TUBERCULOSIS HOSPITAL (projected) :

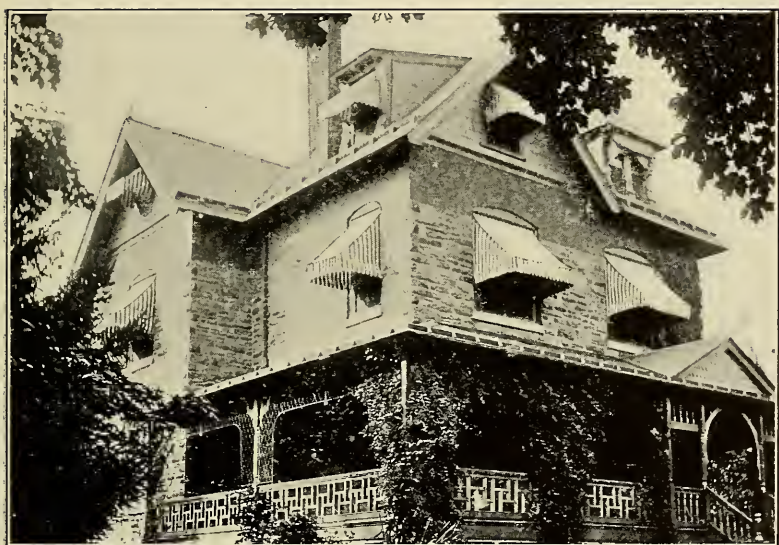
For poor consumptives of Pittsburg and Allegheny, in any stage of the disease.

Capacity: at least 50.

There will be no charges.

An association has been formed by prominent citizens of Pittsburg for organized and systematic work among the consumptive poor of the city. The first efforts will be directed toward establishing a free hospital. Four acres of land on a hill in the city, with buildings easily adaptable to the requirements of a hospital, have been given for the purpose. The altitude is about 1,200 feet, and the buildings command a view of the Allegheny and Ohio River valleys.

For the present inquiries should be addressed to Dr. Henry Martyn Hall, Jr., 253 Shady Avenue, Pittsburg.



THE DERMADY SANATORIUM.

SCRANTON.

WEST MOUNTAIN SANATORIUM (August, 1903):

For poor consumptives resident in Scranton; all stages are received.

Capacity: 24.

Terms: there is a maximum charge of \$5 per week for those who are able to pay; others are admitted free.

There is no physician in residence, but an attending staff of six.

This institution is located on a sixty-acre farm, just outside the city limits, on a mountain side, at an elevation of 1,600 feet. It is expected that when the land is fully developed it will furnish all the milk, eggs, and garden produce needed. Patients able to work are required to do so.

The hospital building has two wards of ten beds each, and is heated by steam. There are also four shacks for two patients each, which can be used all winter; nine others for summer; a farmhouse, a barn and a laundry.

The funds for construction and maintenance are derived wholly from voluntary contributions, the fees from patients being practically a negligible amount. The sanatorium was established and is maintained by the Scranton Society for the Prevention and Cure of Consumption (see page 250).

Applications should be addressed to Dr. J. M. Wainwright, 627 Linden Street.

WHITE HAVEN.**FREE HOSPITAL FOR POOR CONSUMPTIVES (1901):**

For residents of Pennsylvania in the early stages of tuberculosis who are not financially able to provide proper treatment for themselves.

Capacity: 100.

There are no charges.

Superintendent: James H. Heller, M. D.

President of the Board of Managers: Lawrence F. Flick, M. D.; there are two resident physicians.

The grounds include 215 acres in the Blue Mountains, at an altitude of about 1,500 feet.

The Hospital was founded in 1895, but for the first six years its beneficiaries were boarded in existing institutions. The nucleus of the present equipment was a barn, which in 1901 was transformed into a pavilion accommodating sixty patients. There have been built, since, three cottages, with a capacity of sixteen each. An administration building and superintendent's quarters are almost ready for occupancy.

Funds for maintenance are provided by contributions from the public and a state appropriation.

Application should be made to Miss Helen C. McDevitt, Secretary, 204 South Seventh Street, Philadelphia.

SUNNYREST SANATORIUM (November, 1901):

For early cases of pulmonary tuberculosis.

Capacity: 50.

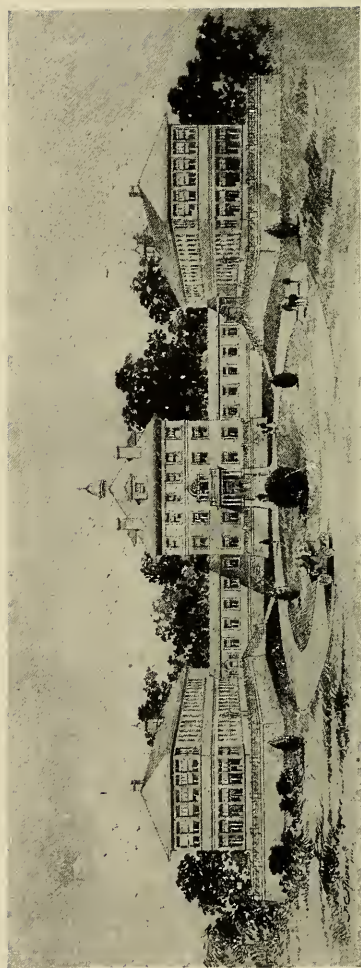
Terms: \$15 to \$25 per week.

The place of resident physician is supplied by a physician in the village.

Visiting staff: Drs. Lawrence F. Flick, Joseph Walsh, Wm. B. Stanton, Henry M. Neale, Chas. J. Hatfield, N. M. R. Landis, D. A. McCarthy, A. M. Shoemaker

This private sanatorium is situated among the mountains, overlooking the Lehigh Valley, 1,200 feet above sea level. The soil is dry, porous shale. The main building contains administration offices and twelve bedrooms. There are also three cottages and a central dining hall, and from April to November tents are used.

Application should be made to Elwell Stockdale, Superintendent.



RHODE ISLAND STATE SANATORIUM.

RHODE ISLAND

STATE SANATORIUM FOR CONSUMPTIVES (to be opened in 1905), situated at Pascoag:

Exclusively for early cases of tuberculosis.

Capacity: 100.

Terms: not yet fixed, but all will be expected to pay something.

There will be resident physicians.

The buildings, which were completed in the spring of 1904, consist of a three-story administration building, connected by covered corridors with a two-story pavilion on each side. The site, near Wallum Pond in the extreme northwestern part of the state, has an elevation of about 600 feet. It is expected that the state will assume one-half the expense of support, the other half to be borne by the patient.

Application should be made to the Commission on a State Sanatorium for Consumptives.

FOSTER.

PINE RIDGE CAMP FOR CONSUMPTIVES (1903):

Capacity: 25 in winter, to be increased this year; 60 from early spring until late fall.

Terms: each patient is expected to pay what he can, up to a maximum of \$7 per week.

Superintendent: William H. Peters, M. D., 21 Waterman Street, Providence.

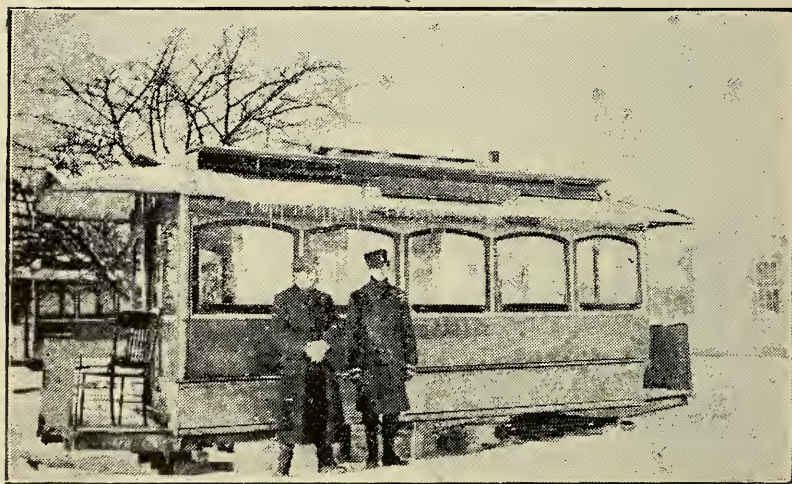
A physician is in residence during the summer, and there is a large consulting and visiting staff; both men and women nurses are always in attendance.

A New England farm of 50 acres is the site of this camp. It has a southern exposure, is almost surrounded by pine forests, and has an altitude of 600 feet. The soil is porous; there is spring water on the place, and trout streams and hunting near. The plant consists of an administration building of rough boards, ten cabins 10 by 12 feet, accommodating two patients each, a separate kitchen and dining-room, and twenty-two tents. Abandoned trolley cars have also been pressed into service, and transformed into bed-rooms, one patient in each, as a step toward solving the problem of economy.

Application should be made to Dr. William H. Peters, 21 Waterman Street, Providence.



SHACK AT PINE RIDGE CAMP.



ABANDONED TROLLEY CAR IN USE AT PINE RIDGE CAMP.

HOWARD.

STATE ALMSHOUSE.

Tuberculous patients, in whatever stage of advancement, are separated from the others.

Capacity of tuberculosis buildings: 40.

There are no charges.

Physician in Charge: George F. Keene, M. D.

For eight years the tuberculous patients in this institution have been cared for in a separate building. There are two long wards, one for men and one for women. Patients are kept out of doors as much as possible.

PROVIDENCE.

ST. JOSEPH'S HOSPITAL:

Two wards are reserved for tuberculosis; all stages of advancement are admitted.

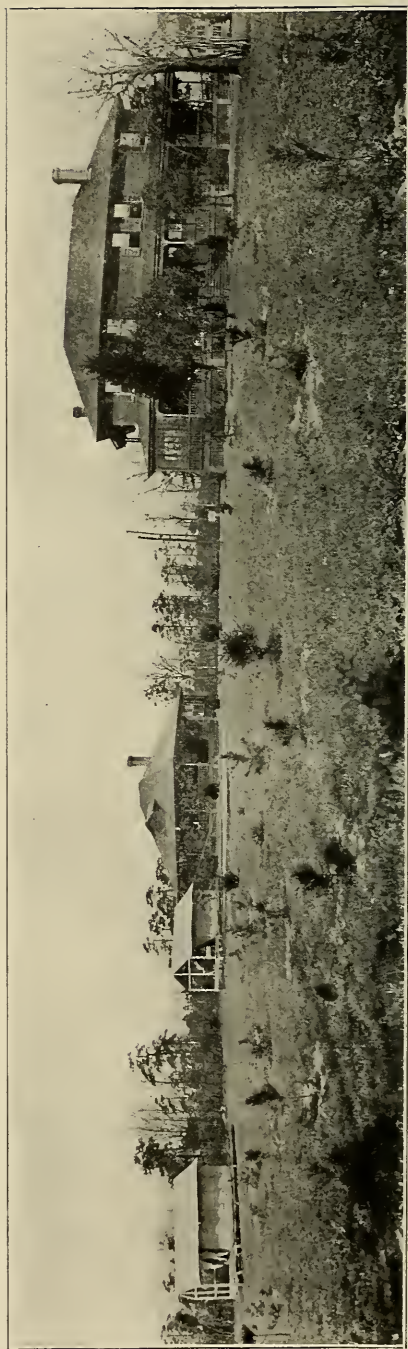
Capacity of the tuberculosis wards: 24.

The hospital is primarily for the poor; if a patient is able to do so he pays a small sum, never more than \$7 per week.

Resident Physician: William Hindle, M. D.

The hospital is a six-story brick building, situated on a slight elevation in a residence district of the city. Its chief source of support is voluntary contributions.

Application should be made to Sister M. Eulalia.



THE AIKEN COTTAGES.

SOUTH CAROLINA

AIKEN.

THE AIKEN COTTAGES (October, 1896):

For men in reduced circumstances with incipient pulmonary tuberculosis.

Capacity: 15.

There are two free beds; for others the charge is \$5 per week.

Medical Director, in residence: Charles F. McGahan, M. D.

The Aiken Cottages originated with a group of Massachusetts men and women who were impressed with the need of some place where young men attracted to Aiken by the climate, but friendless and unable to pay for proper care, might find a chance for health. Of the eight directors, four are residents of Massachusetts, so that it is largely a New England enterprise.

Aiken is a small village located on a sand ridge running from east to west across the state. The sanatorium is at the western edge of the town, on the highest point of ground, at an altitude of 565 feet. Artesian wells, sunk to a depth of 800 feet, supply the water. The main building contains the administration offices, general rooms and bedrooms for seven patients. A smaller cottage, accommodating four, has been added, and recently two tents, for two men each. Each patient has his own room, but sleeps on the piazza outside. The aim of the founders and directors has been from the beginning to keep the characteristics of a home rather than of an institution.

The charge of five dollars per week represents less than half the cost of maintenance, the deficit being supplied by gifts.

Application should be made to Dr. Charles F. McGahan.

TEXAS

COMFORT, Kendall County.**CAMP RELIANCE (May, 1902) :**

For early cases of tuberculosis.

The capacity can be indefinitely increased by the addition of tents.

There were 25 residents in February, 1904.

Terms: \$1 per day; \$25 per month.

Manager and owner: C. H. Wilkinson, M. D.

Camp Reliance is pitched near the Guadeloupe River, on the summit of a hill, two miles from the German village of Kendall. There is a flag station at the Camp for the benefit of residents. The elevation is 1,700 feet. In the main building, 70 by 40 feet, are the dining-room, parlors and baths. The bed-rooms are tents, well ventilated and built on floors six inches above the ground.

Application should be made to Dr. C. H. Wilkinson.

EL PASO.**SISTERS' HOSPITAL, Hôtel Dieu (1894) :**

A general hospital, but consumptives are cared for in a separate wing.

Capacity of tuberculosis wing: 50.

There is always a resident physician.

The hospital is situated on a hill in the residence portion of the town. It is a five-story brick structure, heated by steam, lighted by gas and electricity. The Sisters of Charity are in charge.

Application should be made to Sister Regina.

VERMONT

STATE SANATORIUM:

The State Tuberculosis Commission (see page 251) is requested to incorporate in its report to the legislature recommendations in regard to sanatorium provision; and the State Society for the Prevention of Tuberculosis (see page 252) will use all its influence to support such recommendations.

SOUTH HERO.

CHAMPLAIN OPEN-AIR SANITARIUM (1903):

Not exclusively for consumptives, but early cases are received and accommodated in separate cottages.

Capacity: 30.

Terms: \$15 to \$35 per week.

Resident Physicians: H. E. Lewis, M. D., and F. C. Lewis, M. D.

This institution is open only during the summer months, from May 1 to November 1. It is on the cottage plan.

Application should be made to Dr. H. E. Lewis, Burlington.

VIRGINIA

STATE SANATORIUM:

A bill for the establishment of a state sanatorium has received consideration in the legislature, but failed of passage.

WASHINGTON

SEATTLE.

KING COUNTY HOSPITAL, tent colony for consumptives (started in July, 1903):

For consumptives without resources who have been in King County at least six months.

Capacity of tent hospital: 15.

All beds are free.

Superintendent: William P. O'Rourke, M. D.

The tents are located on the grounds of the County Hospital, four miles from Seattle, in the Valley of the Duwamish River. They are so constructed that the canvas forming both the roof and the side walls can be raised and lowered, as sun or wind dictate. All the tents are supplied with hot and cold water. Patients are given five meals daily, and all their eating utensils are kept separate.

Application should be made to the Board of County Commissioners.

WISCONSIN

STATE SANATORIUM:

The State Tuberculosis Commission (see page 252) will recommend to the legislature the establishment of a state sanatorium for early cases.

LAKE NEBAGAMON.

EVERGREEN PARK COTTAGE SANATORIUM (May, 1903):

For early cases of pulmonary tuberculosis, and for children with tubercular glands or joints.

Capacity: 12, in cottages.

Terms: \$15 per week in cottages; persons unable to meet this expense are allowed to build their own shacks or pitch tents on the grounds, provided they comply with the same regulations as the regular patients, and are given medical attendance at the rate of \$10 per month.

Medical Director: W. B. Hopkins, M. D.

The sanatorium is open from May 1 to November 1. It is thirty miles from Lake Superior, on the Duluth, South Shore and Atlantic Railroad, in the extreme northwest of the state, and the altitude is 1,106 feet. The cottages are situated on a gentle slope of sandy soil facing southwest. They are so constructed that the occupants practically sleep out of doors, and all are required to be in the sunshine all day. The life is simple and informal, but implicit obedience to the general sanitary regulations and to the individual advice of physician and nurses is insisted upon.

Application should be made to Dr. W. B. Hopkins, Cumberland.

TOMAHAWK, Lincoln County.

THE WISCONSIN HEALTH PARK ASSOCIATION was organized in March, 1902, "to establish and maintain a Health Park or Parks in northern Wisconsin where invalids (especially incipient cases of tuberculosis) may be sent for improvement and recovery."

A tract of 240 acres, chiefly pine-covered hills, at Tomahawk, in Lincoln County, has been donated, and the work of clearing parts of it for cultivation and for the erection of cottages has been begun. The plan is to provide for all who wish to go to it, giving to those with limited means an opportunity to pay for their maintenance by working a few hours a day. It is expected that a few patients can be received in the spring of 1905.

The funds for the work of the Association are derived entirely from voluntary contributions. Over three hundred and fifty men and women of Wisconsin are enrolled as members. This is a charitable enterprise; none of the officers receives any pay and all the gifts are used to improve the land.

Inquiries should be addressed to Dr. W. P. Roberts, Field Secretary, Janesville.

CANADA

BRITISH COLUMBIA.

A PROVINCIAL SANATORIUM is projected. It is hoped that work may be begun during the course of the year.

MANITOBA.

A PROVINCIAL SANATORIUM, to be built in the vicinity of Winnipeg, is projected, but no action has yet been taken by the legislature.

NOVA SCOTIA.

PROVINCIAL SANATORIUM (now building):

For early cases of pulmonary tuberculosis.

Capacity: 18.

A site has been secured at Kentville, on a bluff 250 feet above sea level, and open to the south and southwest. The first building will be two stories high and will contain 18 rooms for patients, general rooms, sun-parlors, apartments for officers and staff. It is hoped that it will be ready for occupancy this summer.

The sanatorium will be supported by the provincial and municipal governments.

Inquiries should be addressed to Dr. George L. Sinclair, 25 Tobin Street, Halifax.

WOLFVILLE HIGHLANDS SANATORIUM (May, 1902):

Exclusively for early cases of tuberculosis.

Capacity: 8.

Terms: \$8 per week; but when an applicant is not able to pay he is received free of charge if there is a vacancy.

Medical Director: G. E. De Witt, M. D.

The sanatorium consists of two cottages, connected by a solarium, and supplied on the west, north and south with verandas, some of which are enclosed. It is on the Wolfville Ridge, a spur of the South Mountain, and has an altitude of 300 feet.

Application should be made to Dr. G. E. De Witt.

ONTARIO.

MUSKOKA COTTAGE SANATORIUM, Gravenhurst (1897):

Primarily for early cases of pulmonary tuberculosis, but those moderately advanced are admitted if they have a fair chance for recovery.

Capacity: 75 in winter, 85 in summer.

Terms: \$12 and \$15 per week.

Physician in charge: J. H. Elliott, M. B.

The sanatorium was established through gifts from individuals and from the town of Gravenhurst. Funds for maintenance are supplied by the fees from patients and a small grant of \$2,000 from the provincial government.

It is situated in a wooded park of 50 acres, sheltered on the north and northwest by rocky ridges and pine forests. Toward the south and southwest it overlooks the southern arm of Lake Muskoka. The district is rocky; the soil porous and dry. The mean relative humidity is 70 to 75 and the mean annual temperature is 42 degrees.

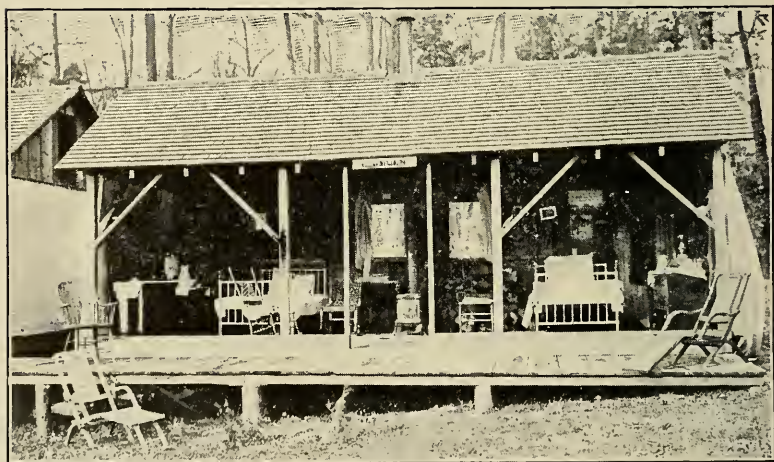
There is a central building which contains, besides the offices, reception and dining-rooms, and three solaria, accommodations for 27 patients; the other buildings are five cottages, with an aggregate of 28 beds, and ten roofed tents for two patients each. The buildings face southwest, are lighted by electricity and heated by steam and hot water. The interior finish is hard wood, with rounded corners. The walls are either cement plaster or are painted.

Both Muskoka Cottage Sanatorium and the Free Hospital at Gravenhurst were established by and are under the direction of the National Sanitarium Association.

Application should be made to the Physician in charge or to J. S. Robertson, Secretary, National Sanitarium Association, Mail Building, Toronto.



MUSKOKA COTTAGE SANATORIUM.



COTTAGE TENT, MUSKOKA COTTAGE SANATORIUM.

MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES, Gravenhurst
(April, 1902):

For persons in the early stages of consumption who are
unable to pay for sanatorium treatment.

Capacity: 75.

Treatment is entirely free to those who cannot afford to
pay; any contribution that a patient is able to make
is accepted, but this is rarely more than three or four
dollars a week.

Physician in charge: Charles Daniel Parfitt, M. D.

This, the second institution established by the National
Sanitarium Association, has the same advantages of climate
and general situation as the Muskoka Cottage Sanatorium. Its
most important source of income is voluntary contributions;
it is subsidized by the provincial government to the amount of
\$1.50 per week for each patient; subscriptions are made by
patients and municipalities; and there is a small endowment.

The administration building has room for 47 patients; there
are four roofed tents for four patients each; and a pavilion for
twelve. The lighting is by electricity, the heating by steam
and hot water.

Patients who are considered physically able have been given
light work to do, either in the house or out of doors. It has
been the aim to give work to graduate patients, who, being
unable to remain longer as patients, are thus enabled to prolong
their life under sanatorium conditions, and at the same time
become self-supporting. A small poultry-breeding plant has
been started, and it is proposed to keep pigs and start a vegetable
garden as soon as funds are available.

Application should be made to J. S. Robertson, Secretary,
National Sanitarium Association, Mail Building, Toronto.



MAIN BUILDING, MUSKOKA FREE HOSPITAL.



THE VERANDA, MUSKOKA FREE HOSPITAL.

TORONTO FREE HOSPITAL FOR CONSUMPTIVE POOR, four miles from Toronto, on the Weston Trolley Road (September, 1904):

Especially for advanced cases, but patients in earlier stages will not be refused.

Capacity: 50 at present; to be increased to 100.

There is no charge for patients who cannot afford to pay.

Resident Physician: Dr. Allan Adams, B. A.

Forty acres of wooded land on the bank of the Humber River are the site of this new hospital. The management is in the hands of a Trust Board, of which the chairman is Mr. W. J. Gage, to whom the National Sanitarium Association, with its two Muskoka institutions, largely owes its existence and growth. The buildings include an administration building, pavilions, and roofed tents. It will be supported mainly by voluntary contributions.

Application should be made to J. S. Robertson, Secretary to Trust, Mail Building, Toronto.

QUEBEC.*

A PROVINCIAL SANATORIUM, for early cases only, is projected.

A grant of 500 acres of land, in Trembling Mountain Park, has been made by the Government to the Montreal League, for the erection of the necessary buildings.

The Park of which this land is a part is a natural preserve of 100,000 acres, enclosing many lakes and mountains. The site of the projected sanatorium is at the entrance to the Park.

LAHL GHUR, Ste. Agathe des Monts (1901):

For early cases of pulmonary tuberculosis.

Capacity: 16.

Terms: \$14 per week.

Physician in charge: Howard D. Kemp, M. D.

Lahl Ghur, The Red House, is a private sanatorium, situated at Ste. Agathe, on a gentle slope, at an elevation of about 1,300 feet. The buildings, facing south, are three semi-detached cottages, with a central dining-room and sitting rooms. There are electric lights throughout, hot and cold baths, hot water heating, and long distance telephones. Veranda life is provided for throughout the year.

Application should be made to Dr. Howard D. Kemp.



TORONTO FREE HOSPITAL.

PART II

SPECIAL DISPENSARIES

I.—THE FUNCTION OF SPECIAL DISPENSARIES AND IMPORTANT FEATURES IN THEIR ORGANIZATION

EDWARD O. OTIS
SUPERINTENDENT OF THE BOSTON DISPENSARY

DISPENSARIES FOR TUBERCULOSIS

Dispensaries exclusively devoted to the treatment and care of tuberculous patients are of recent origin, one of the first having been established by Calmette, of Lille, France, whose work and aims still stand as a model and inspiration to those contemplating similar enterprises. Since that time many such establishments have sprung up on the continent of Europe as well as in this country.

There are various conceptions of what an anti-tuberculosis dispensary should be. All, however, are agreed that its scope should be wider than that of an ordinary clinic or out-patient department. The majority of such institutions on the continent are independent establishments and occupy separate buildings, while in England the consumptive hospitals have out-patient departments which may be considered, in a general sense, to be tuberculosis dispensaries.

Heretofore, in this country at least, it has always been the custom, and for the most part is now, to treat tuberculous patients in the general medical clinics, and only from a medical standpoint. They were examined more or less thoroughly and prescribed for, the attention devoted to them depending on the interest of the physician in the patient and his disease and the time at his command. It is obvious that, in a large medical clinic, a tuberculous patient could receive but scant attention.

With the great interest and activity in the relief and control of tuberculosis now existing, and the recognition of what can be accomplished in the way of prevention and the curability of the disease, every additional measure calculated to further these objects is to be commended, and from what it has already accomplished in the short time of its existence the anti-tuberculosis dispensary has proved itself to be an exceedingly valuable addition to one's armamentarium in the tuberculosis warfare, and has abundantly justified its existence.

The rôle of the anti-tuberculosis dispensary, as formulated by the French, is threefold: prophylactic, therapeutic and social; under social being included material aid to the poor consumptive on the one hand, and protection of the public from the

disease on the other. By instruction of the patient as to the proper disposal of his sputum and in regard to disinfection, by showing in simple language how to avoid contracting the disease, that it is curable, and in what way, one fulfils the prophylactic rôle. The therapeutic rôle is fulfilled by the more directly medical treatment of the patient, the diagnosis, prognosis, and the prescription of any drug that is considered necessary. The social rôle comprises personal investigation of the patient and his home by a special visitor or trained nurses, providing proper food when necessary, and in other ways supplying the material wants of the patient as the emergency of the special case demands.

This latter rôle—the social—is carried out, at least in this country, by associations already established in a number of cities for the prevention, relief and control of tuberculosis, and such associations work in close touch with the anti-tuberculosis dispensary. Further, they assist the patient in being admitted to the sanatorium when the case is a curable one, or into a consumptives' hospital when it is too far advanced to enter a sanatorium; and, through the instrumentality of the board of health, when a patient becomes a menace to the other members of his household, they see that he is removed to some institution.

There are advantages in having a tuberculosis clinic under the same roof with a general dispensary, as well as in devoting a special building to it as is done in France and elsewhere. In the former case it is easier, for instance, to refer to other departments for advice and examination, to the laryngological, the X-ray, or general medical department, for example; and other departments can, in their turn, refer cases to the tuberculosis room for an opinion or examination. The expense, moreover, is far less, for this is under the same administration with the other clinics, and all the machinery of the general dispensary can be utilized, so that to establish a tuberculosis department in an already existing dispensary a staff of physicians has only to be appointed and one or several rooms set apart for the purpose, and even a single room can be made to do. House visitation through a special visitor or district nurses can as well be conducted from a department of this kind as from a special establishment. Such is the plan of operation at the Boston dispensary, and it has worked successfully.

On the other hand, a separate establishment emphasizes the

importance of the cure and control of the disease, and lends dignity to the work. Moreover, larger facilities can be afforded in increased room, and the construction of the building can be especially directed to the treatment of this one disease. Ventilation, disinfection, special methods of treatment, can all receive careful consideration; more ample facilities for laboratory work can also be offered in the way of animal experimentation, bacteriology, and other lines of special research. In such a building an office for the visitor or district nurse would find a place. Another room might be devoted to the exhibition of various material bearing upon the causes, prevention and cure of tuberculosis, such as photographs of unsanitary tenement-houses and bed-rooms, statistics graphically illustrated, methods of obtaining fresh air and devices for utilizing existing conditions for the same, models of tents, photographs of sanatoriums, and very many other exhibits, as will readily suggest themselves.

In a large city one or more special tuberculosis dispensaries on this extensive scale might become of inestimable value as a great anti-tuberculosis center.

The simplest equipment of the tuberculosis dispensary should consist of a separate waiting-room and receiving or consulting-room where histories are taken, together with the pulse, temperature, respiration and weight; several small examining rooms; a small room for the examination of the sputum and other bacteriological investigations; a dark room for laryngoscopic examination, unless a throat department exists in the same building; and, possibly, an X-ray room. Rooms should be well ventilated and periodically disinfected. Circumstances would determine the arrangement of the *personnel* of the staff, but as the careful examination of the consumptive requires considerable time, there should at least be several skilled assistants while the clinic is going on.

To formulate the objects of such a dispensary my own experience and thought would suggest the following:

(1) As complete an investigation of the patient as possible, including history, physical and bacteriological examination, and when the diagnosis is doubtful, the tuberculin test and an X-ray examination.

(2) Investigation of the patient and his surroundings at his home, including the hygienic condition of his domicile.

(3) Instruction both of the patient and his household in

personal and domiciliary hygiene, and the safe disposal of the sputum.

(4) The free supply to poor patients of pocket and house spittoons.

(5) Securing entrance into sanatoriums for curable cases, and into consumptives' hospitals for incurable ones when they cannot be properly treated at home; or, when neither is possible, to treat the patient at his home as well as the conditions will permit.

(6) Aiding poor patients to obtain suitable food and other articles necessary for their proper care.

(7) Affording opportunity to physicians to send their poor patients for diagnosis when desired as well as advice and assistance in treatment.

(8) The examination and oversight of patients who have returned from sanatoria.

(9) Opportunity for the scientific investigation and study of tuberculosis and various methods of treatment.

(10) Clinical instruction to students and physicians in the examination of tuberculous patients.

Of course, as has been mentioned above, some of these objects are already fulfilled by the existing associations for the relief and control of tuberculosis. They investigate the patient and his home; they supply him with food and other needed articles, and obtain money with which to send him to a sanatorium or hospital. And the association of this nature in Boston, at least, is proposing to investigate and look after those patients discharged from the state hospital for consumptives at Rutland.

After an experience of several years with such a clinic, the writer is profoundly impressed with the great good that can be accomplished by it, and believes that the time will come when entirely separate establishments of this kind will be founded in every large city and that they will play no insignificant part in the general crusade against consumption.

EDWARD O. OTIS.

II.—SPECIAL DISPENSARIES IN THE UNITED STATES

Arranged in alphabetical order, according to cities.

BALTIMORE, Maryland.

OUT-PATIENT DEPARTMENT, JOHNS HOPKINS HOSPITAL,
North Broadway:

A new building devoted to the tuberculosis work of the out-patient department has been made possible by a gift of \$20,000 from Henry Phipps, of Pittsburgh. The plans for this building contemplate a class room and small examining rooms on the first floor, with a library and special work rooms above. A special medical officer will be detailed for service, and a nurse to look after the patients in their homes.

BOSTON, Massachusetts.

TUBERCULOSIS CLINIC, BOSTON DISPENSARY, Bennet and Ash
Streets:

Every day, 9-11 A. M.

Physician in charge: Edward O. Otis, M. D.

There are no charges.

Children and adults are treated in separate classes. There are no nurses especially for consumptives, but the fourteen district nurses visit such cases as well as other patients. Dr. Otis has three assistants in the Tuberculosis Clinic, and there are district physicians to treat patients not able to go to the dispensary. Printed instructions are given to patients and it is planned to supply sputum cups for use at home. Of the 29,438 new patients in the dispensary last year 275 were treated in the Tuberculosis Clinic.

CHICAGO, Illinois.

DISPENSARIES OF THE COMMITTEE ON THE PREVENTION OF
TUBERCULOSIS OF THE VISITING NURSE ASSOCIATION
OF CHICAGO (1903):

Central Office: 1414 Unity Building, 79 Dearborn Street.

Medical Director: Arnold C. Klebs, M. D.; Assistant
Secretary, Caroline Hedger, M. D.

There is a physician in charge of each district office, a
general consulting staff of seventeen members, and
nineteen nurses for visiting the homes.

Advice is free.

The Tuberculosis Committee has established, in co-operation with the Bureau of Charities, a special district service for poor tuberculosis patients. In the district offices of the Bureau of

Charities rooms are set aside and utilized by the district physicians as consultation offices. Every case of manifest or suspected tuberculosis coming to the notice of the committee or the relief agencies associated with it is referred to the office of the district in which he resides. Then the patient is visited at home by either a charity worker or one of the district nurses, for the purpose of ascertaining the patient's condition and that of his home, of which a report is made to the district physician. The patient is also instructed as to sputum disposal, general hygiene and similar matters. All patients able to be out of bed are then sent to the district office, where at fixed hours they are seen by the physician in charge, who examines and advises them. He also visits bed-ridden patients in their homes and directs the nurses as to special requirements. He reports each case and makes recommendations to the central office in regard to removal to hospital, transportation, disinfection, supplies and relief.

The intention of the committee is primarily to educate, through trained assistants, the patients and their families, and in this way to improve insanitary conditions in the homes. The treatment of patients is undertaken only on general lines (open-air, over-feeding and specific hygienic directions); for special treatment patients are referred to other dispensaries. In the education of patients and their families preference is given to repeated personal interviews rather than to printed circulars.

Over 400 patients were treated in this way during the first eight months after the establishment of the system.

The addresses of the district offices are as follows:

Central District, 1500 Wabash Avenue.

South Central District, 291 East Thirty-first Street.

Stock Yards District, 716 West Forty-seventh Place.

Woodlawn District, 337 East Sixty-third Street.

Englewood District, 333 West Sixty-third Street.

West Side District, 181 West Madison Street.

Northwestern District, 1235 Milwaukee Avenue.

Ravenswood District, Foster Avenue and E. Ravenswood Park.

North Shore District, Foster Avenue and E. Ravenswood Park.

Northern District, 1140 North Halsted Street.

Lower North District, 365 Wells Street.

Southwest District, 946 South Ashland Avenue.

CLEVELAND, Ohio.

TUBERCULOSIS DISPENSARY, WESTERN RESERVE MEDICAL COLLEGE, corner St. Clair and Erie Streets (August, 1904) :

Daily, 3 to 6 P. M.

Physicians in charge: Drs. T. H. Lowman, G. W. Moorehouse, T. B. Austin.

Advice is free; a prescription fee of 10 cents is charged when medicines are needed.

The entire time of one nurse is available for visiting patients in their homes, and part of the time of several others. Sputum cups and pocket flasks are supplied, and printed as well as oral instructions are given.

MINNEAPOLIS, Minnesota.

CLINIC FOR THE TUBERCULOUS POOR, Medical Department of Hamline University, Fifth Street and Seventh Avenue, South (April, 1904):

Monday and Thursday: 1 to 2 P. M.

Physicians in charge: F. T. Poehler, M. D., and C. H. Bradley, M. D.

There are no charges.

By co-operation with the Tuberculosis Department of the Associated Charities it is possible to send a nurse to the home. Printed instructions are supplied and sputum receptacles for the pocket and for use at home. Twenty patients were treated in the special clinic in the first six months of its existence.

FREE DISPENSARY FOR TUBERCULOSIS, University of Minnesota (organized September, 1903; opened January, 1904):

1810 South Washington Street.

Monday, Wednesday, Thursday and Saturday, 12 to 1 P. M.

A committee of five physicians is in charge, of which Henry L. Ulrich, M. D., is chairman.

There are no charges.

In the first ten months of the special clinic for tuberculosis fifty patients were treated. By co-operation with the Tuberculosis Department of the Associated Charities, sputum cups and printed instructions are provided and a nurse is available for visiting patients in their homes. The Associated Charities, in turn, can secure from this dispensary an expert diagnosis in all doubtful cases coming to their attention. There is a well-equipped laboratory for bacteriological and experimental work. In addition to the usual clinical history of the patients information in regard to their social and industrial conditions is recorded.

MONTREAL, Canada.

A SPECIAL DISPENSARY for the treatment of tuberculosis was opened on November 2, 1904, by the Montreal League for the Prevention of Tuberculosis (see page 254) at 691 Dorchester Street. Three physicians are in attendance. Foods, as well as medicines, will be supplied free of charge, and visits will be made to the patients in their homes.

NEW HAVEN, Connecticut.

TUBERCULOSIS CLINIC, New Haven Dispensary:

Tuesday, 3 P. M.

Physician in charge: H. Merriman Steele, M. D.

There is no charge for advice.

The special clinic was established in the fall of 1903. Printed instructions are given to patients and sputum cups are provided. There is as yet no visiting nurse, but it is planned to develop the department as rapidly as possible, until it shall include all the features recognized as desirable.

NEW YORK CITY, New York.**CLINIC OF THE DEPARTMENT OF HEALTH FOR THE TREATMENT OF PULMONARY DISEASES (March, 1904) :**

967 Sixth Avenue.

Director: Hermann M. Biggs, M. D.

Associate Directors: J. S. Billings, Jr., M. D., and S. A. Knopf, M. D.

Daily, except Sunday: 10 to 12 A. M. and 2 to 4 P. M.;

Monday, Wednesday and Friday, also 8 to 10 P. M.

Advice and medicine are free.

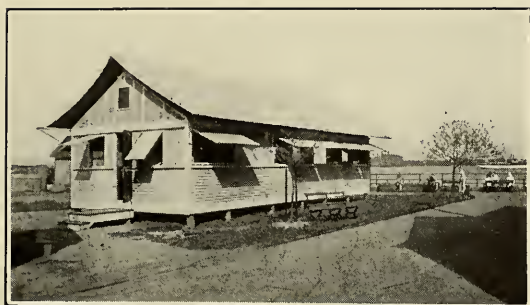
The Municipal Clinic is housed in a new building especially designed for the purpose, adjoining the headquarters of the Department. The building contains a registration room, drug room, two waiting rooms, an X-ray room, throat department, and two clinic rooms, for male and female patients, respectively, each with its examination room.

Physical examination, repeated sputum examinations and, when required, X-ray examination, may all be used in making the diagnosis, in order to guard against missing incipient cases.

Instructions, both verbal and by means of circulars printed in nine or ten languages, are given as to the nature of the disease, and the necessary personal and hygienic precautions to be taken to prevent the infection of others. Paper sputum cups are supplied to needy cases. A special staff of trained nurses visits the patients at their homes to see that the instructions are being observed, that the sanitary surroundings are satisfactory, and that such assistance is given as is required. Suitable cases are referred to charitable organizations for assistance. Every effort is made to prevent the infection of the children in the family and to bring about the removal to hospitals or sanatoriums of the dispensary patients who require such care.

Double reference cards, one-half to be filled out and given to the patient, the other to be sent to the Department of Health bearing the patient's name and address, are furnished to physicians, charitable organizations, or any one else who has occasion to use them. If the patient does not report within a given time he is visited from the dispensary.

The number of patients seen between the opening of the Clinic, March 1, and September 15, was 1,837.



TENT AT BELLEVUE, SHOWING PROXIMITY
TO RIVER.



PATIENT FROM THE BELLEVUE CLINIC ON
FIRE ESCAPE.

OUT-PATIENT DEPARTMENT OF BELLEVUE HOSPITAL
(December, 1903) :

Foot of East Twenty-sixth Street.

Special clinic for tuberculosis, daily except Sunday,
from 1 to 4 P. M.

Director: James Alexander Miller, M. D.

Attending Physicians: Haven Emerson, M. D.; Frederick
L. Keyes, M. D.; Wm. S. Cherry, M. D.; F. Grosvenor
Goodridge, M. D.

Nurse in charge: Miss Annie Damer.

The proper regulation of the home conditions is especially emphasized. Two visiting nurses are attached to the clinic and close co-operation with the physicians and with relief societies is obtained. Milk and eggs are given, as a part of the treatment, after thorough investigation has established the need of such assistance. Printed instructions and sputum cups are distributed. In some instances reclining chairs and sleeping bags are given for open-air treatment on the roofs and fire-escapes. Tent cottages have been erected upon the hospital grounds for favorable cases who cannot obtain suitable sanatorium or home treatment. About fifty new cases are received each month. The total number of cases treated since the opening of the clinic (ten months) is 440.

The accompanying illustrations of devices resorted to by the director of the special clinic at Bellevue first appeared in connection with an article by Dr. Brannan in the *Medical News* of September 24, 1904.

GOUVERNEUR DISPENSARY, Gouverneur Slip, New York City
(October, 1903) :

Special class for tuberculous patients.

Monday, Wednesday and Friday, 11 to 1.

Clinical assistants in charge of tuberculosis work: Stella
S. Bradford, M. D., and N. Gilbert Seymour, M. D.

There are no charges for treatment.

During the first five months of this special class the average number of patients per month was 13. During September, 1904, 85 patients were treated, 30 of whom were new. Simple verbal advice is given. Sputum cups are supplied for use at home. Since June the work in the clinic has been supplemented by the services of a visiting nurse.



PATIENT FROM THE BELLEVUE CLINIC IN
EXTENSION CHAIR ON ROOF.



PATIENT FROM THE BELLEVUE CLINIC IN
HAMMOCK ON ROOF.

HARLEM HOSPITAL DISPENSARY (August, 1904) :

Foot of East 120th Street.

Monday, Wednesday and Friday, 3 P. M.

Physician in charge: Charles H. Moak, M. D.

There are no charges.

The special class here has just been started, and the organization is not yet complete. Verbal instructions only are given, and there is no arrangement for visiting patients in their homes. In the first six weeks after the opening of the special clinic about fifty tuberculous patients were treated.

POST-GRADUATE HOSPITAL DISPENSARY :

Dr. Russell's Class, Room 4.

Daily: 7 to 8.30 A. M. and 7 to 8 P. M.; patients reporting for the first time should go at the evening hour.

Medicine and advice are free.

Dr. Russell accepts for treatment adults in any stage of pulmonary tuberculosis, provided it is uncomplicated with any other disease, and provided the patients are able to go to the dispensary twice a day and to secure suitable food, clothing and shelter. During 1903 there were treated in this class 74 cases; in the first nine months of 1904, 62.

The treatment consists largely of careful questioning and advice in regard to food, sleep, and general habits of life. The Russell Emulsion of mixed fats is administered at the dispensary. Each patient is required to report at the dispensary twice each day, and the hours are arranged for the convenience of working men and women. Irregularity of attendance or failure to obey directions is followed by dismissal from the class.

Physicians of the city are invited to send suitable cases and to visit the class any Sunday morning at nine. Reports of the results obtained are published annually in the *Post-Graduate Journal*, by a committee of inspection appointed by the Executive Committee of the Post-Graduate Medical School for the purpose of reviewing Dr. Russell's work.

An annex to the Dispensary has just been added, in the shape of a small hospital for twelve patients in the advanced stages of the disease. The hospital is at 322 East Nineteenth Street.

THE PRESBYTERIAN HOSPITAL DISPENSARY, Madison Avenue and 70th Street:

Daily, except Sunday and legal holidays, 1.30 to 3 P. M.

Eight physicians are in charge.

Ten cents is collected for each prescription from those able to pay; otherwise no charge is made.

Children and adults are treated in separate classes. There are three nurses who visit patients in their homes. Printed instructions are distributed and sputum cups are supplied. During 1903 the total number of patients treated for tuberculosis was 410.

VANDERBILT CLINIC (January, 1903), Amsterdam Avenue and Sixtieth Street:

There is no special department for tuberculous patients attending the Clinic, but for nearly two years a certain number of them have been given special attention. The work was begun by Dr. J. A. Miller, now in charge of the Tuberculosis Classes in the Out-Patient Department of Bellevue, in January of 1903, and it is now being carried on by Dr. Linsly R. Williams, under the supervision of Prof. James of the Department of Medicine.

Patients are given verbal and printed instructions about the care of sputum and they also receive advice as to diet and hygiene. Sputum pouches are supplied. A special record of their clinical history is kept and a report of the home and financial conditions. All patients in Manhattan are visited and further instructed by a nurse supplied by the Presbyterian Hospital. Patients from other boroughs are visited by the Board of Health nurses.

Between February 1, 1904, and the end of October 415 new cases were treated, of whom 125 were under care at the latter date.

ORANGE, New Jersey.

TUBERCULOSIS DEPARTMENT, ORANGE MEMORIAL HOSPITAL DISPENSARY (April, 1904), 224 Essex Avenue:

Daily, 12 to 1 P. M.

Chief of the Clinic: Henry A. Pulsford, M. D.

Those who can afford to do so pay ten cents at their first visit; there are no other charges.

The special clinic was organized April 1, 1904. One visiting nurse is attached to this department and printed instructions are distributed to patients.

PHILADELPHIA, Pennsylvania.

THE HENRY PHIPPS INSTITUTE maintains a free clinic at 238 Pine Street.

(See page 249.)

RUSH HOSPITAL DISPENSARY, Lancaster Avenue and 33d Street:

Daily: 2.30 P. M.

Physicians in charge: John D. McLean, M. D.; Charles A. E. Codman, M. D.; Ross K. Skillern, M. D.

Advice is free.

There is no provision for visiting the homes or for exercising any further influence on the patients after they have left the dispensary. About 500 patients were treated last year.

PROVIDENCE, Rhode Island.

OUT-PATIENT DEPARTMENT OF PULMONARY TUBERCULOSIS OF THE RHODE ISLAND HOSPITAL (July, 1900):

Monday and Thursday: 9 A. M.

Physician in charge: Jay Perkins, M. D.; assistant physician, Pearl Williams, M. D.

Advice is free.

A special clinic for tuberculosis was established July 1, 1900. In the year ending September 30, 1903, the patients examined or treated for tuberculosis numbered 1,337, of whom 1,074 were old patients, 263 new. Three nurses, employed by the Providence District Nursing Association, visit the homes, as requested. Printed instructions and sputum cups are supplied.

All patients applying in the other departments of the dispensary are referred here when they show any indications of tuberculosis. The chief difficulties encountered are the lack of provision for patients needing sanatorium or hospital treatment, and the securing of proper nourishment at home.

SCRANTON, Pennsylvania.

FREE DISPENSARY FOR DISEASES OF THE LUNGS, 207 Linden Street (January, 1903):

Wednesday and Saturday: 7 to 9 P. M.

Advice is free.

In charge of four physicians and conducted by the Scranton Society for the Prevention and Cure of Consumption.

About one-third of the patients last year were treated for tuberculosis. Printed instructions are given to patients, sputum cups are supplied, and a nurse visits those who need special care. "Of the fifty-three consumptives" (treated in 1903), reads the first annual report of the society, "it is probable that nearly all have been so taught that they will not spread the disease to others."

WASHINGTON, District of Columbia.

A FREE DISPENSARY for the examination and treatment of those who are suffering from tuberculosis or suspect that they may have contracted it has been opened by the Associated Charities' Committee on the Prevention of Consumption, at 605 Four-and-Half Street, S. W.

WORCESTER, Massachusetts.

TUBERCULOSIS CLINIC, OUT-PATIENT DEPARTMENT, CITY HOSPITAL (January 1, 1904):

Wednesday and Saturday: 9 to 10 A. M.

Physician in charge: Albert C. Getchell, M. D.

There is no charge for advice.

Special diet when the patient is unable to procure it for himself, and whatever care in the home is indispensable, are provided by co-operation with the Associated Charities, the District Nurse Association and the Worcester Association for the Relief and Control of Tuberculosis. A small card folder of "rules for consumptives" is given to patients and sputum cups are supplied for use at home. Residents of Worcester County who desire admittance to the State Sanatorium are examined here. The number of patients treated in the Tuberculosis Clinic, in the first nine months after it was opened, was 46.

PART III
THE TUBERCULOUS INSANE

I.—TENT TREATMENT FOR TUBERCULOUS
INSANE

A. E. MACDONALD, LL.B., M.D.
MEDICAL SUPERINTENDENT, MANHATTAN STATE HOSPITAL, EAST.

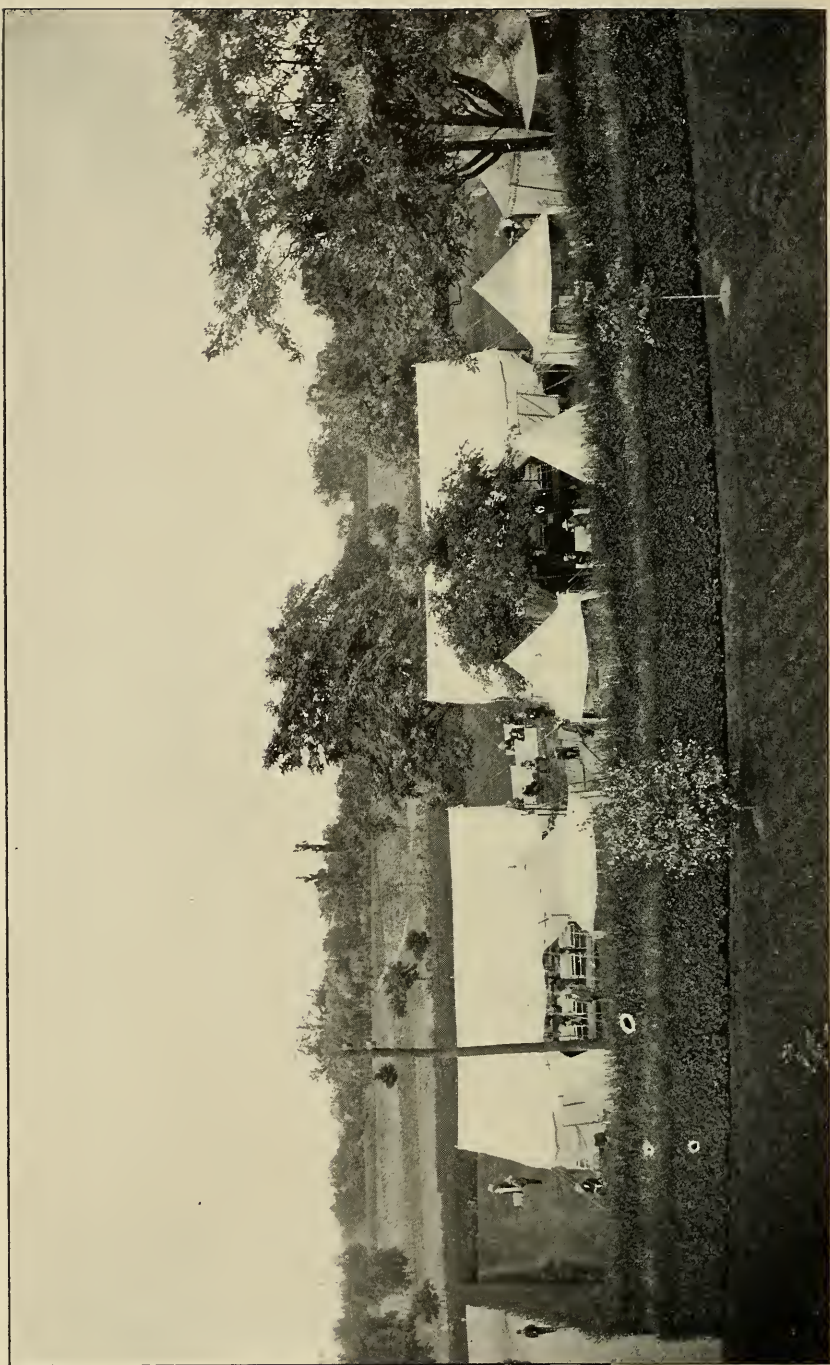
TENT TREATMENT FOR THE TUBERCULOUS INSANE

(The illustrations which accompany this article are from the Annual Report for 1903 of the Manhattan State Hospital, East, the use of the original plates having been kindly accorded by the General Manager of the State Printer's Office, Mr. Charles M. Winchester, Jr.)

That consumptive insane patients may be kept, and treated, to their advantage and incidentally to the advantage of their fellow-inmates, in canvas tents, and throughout the several seasons of the year, has been demonstrated in the recent history of the Manhattan State Hospital, East. The experiment upon the success of which this claim is advanced has, at the date of this writing, September 30, 1904, covered a period of forty months, the camp having been first established and occupied by patients on June 5, 1901.

The serious problem of caring for this class of patients had, prior to that date, embarrassed this particular hospital with others, and with added seriousness from the fact that insane men had to be dealt with, and that the form of construction of the hospital buildings was such that no smaller wards or sections, adaptable to necessary isolation, were available. In all hospitals for the insane the form of insanity properly constitutes the prevailing basis for classification, modified, of course, by such secondary considerations as the patient's physical condition, progress toward recovery or the reverse, and other elements. To set up another standard—the presence of a bodily diseased condition—and to assemble all patients suffering from it, without regard to any associated conditions or circumstances, is a difficult undertaking, involving, among other departures from routine practice, the association of disturbed and dangerous with demented and harmless patients, and so on through all the intermediate degrees. This, too, has been accomplished, and with unexpected ease and success.

My first intention and expectation were that, by possibility, the consumptive insane patients, or a majority of them, might be removed from contact with their fellows for some months, perhaps as many as five months, during the milder season of the year, with the attendant advantage of freeing, for the time being,



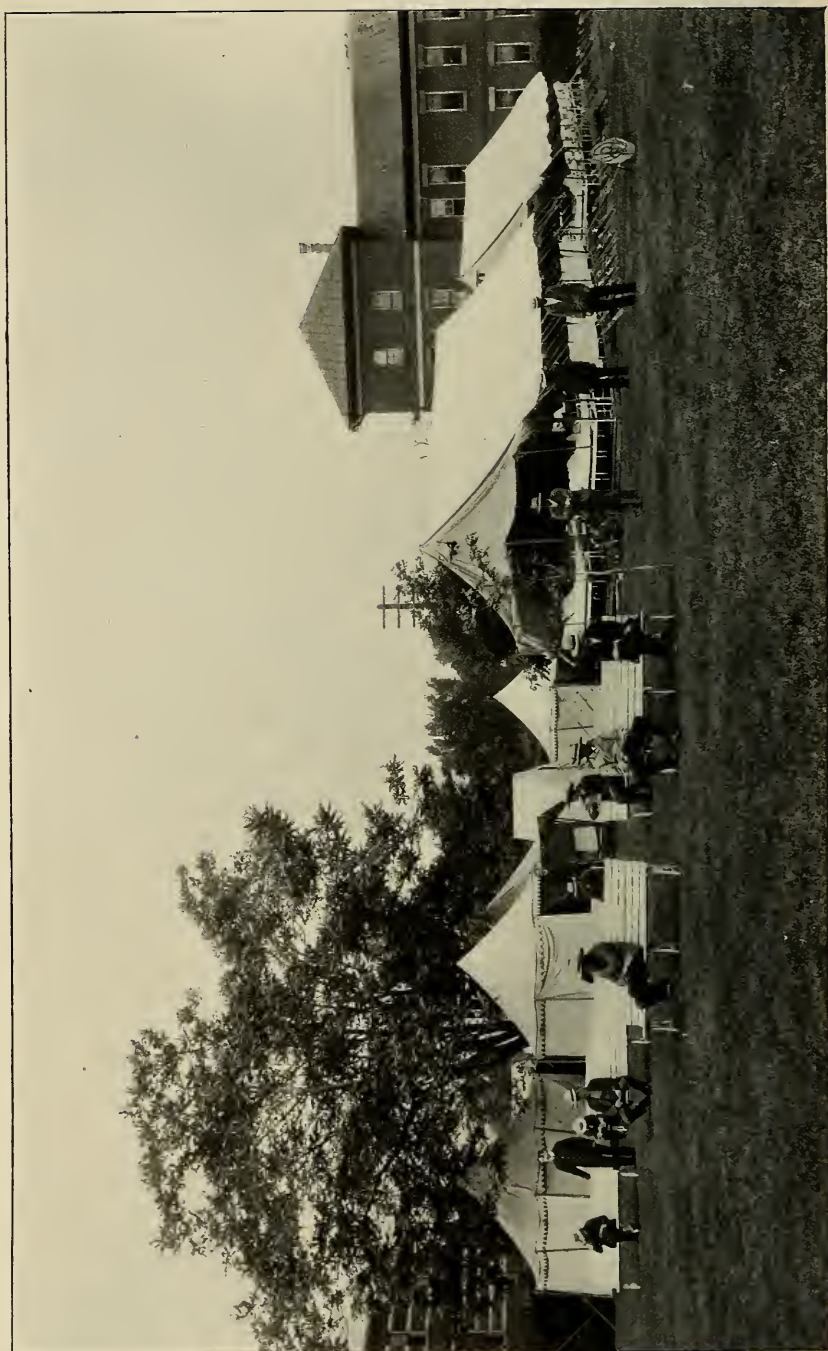
TUBERCULOSIS CAMP, WARD'S ISLAND, SUMMER LOCATION.

corresponding space in the permanent buildings, and affording opportunity for disinfection and renovation.

Study was made of the arrangement of hospital tents and accessories in the exhibit by the United States Army Hospital Corps at the Pan-American Exposition then in progress at Buffalo, and visits were made, for the same purpose, to army posts in the vicinity of New York City.

The camp first established consisted of two large dormitory tents—twenty by forty feet—each containing twenty beds, with smaller tents of different shapes, about ten by ten feet, for the accommodation of the nurses, the care of hospital stores, pantries and a dining-tent for such patients as were able to leave their beds and tents, and go to the table for their meals. Running water was secured by means of underground pipes, and the safe disposition of waste and sewage was also specially provided for.

As has been said, it was expected to continue the camp only through the summer and as far into the autumn as favorable weather might render justifiable. But when in the late autumn it was found that the favorable experience continued, it was decided to attempt to carry the experiment, on a modified scale, into, or even through, the approaching winter. The Camp, as first established, had been placed upon an elevated knoll adjacent to the river side and purposely exposed to the full force of the summer breezes. For the winter experiment its site was removed to the center of the island, where trees and buildings interposed to act as a wind-break to the severe storms from the east and northeast which are to be expected in that locality. The number of patients was reduced to twenty, those in whom the disease was most active being retained and the others being returned, for the time being, and much against their will, to the buildings. One large tent sufficed for the housing at night of the reduced number of patients, and one was set apart as a sitting-room for day use, with the accessory tents before mentioned, and large stoves were placed in them, here and there, with wire screens surrounding them to protect the patients, and a liberal use of asbestos and other fireproof material and arrangements for the prevention of fire. Better resistance to the force of the expected gales was secured by stronger and more numerous guy-ropes and anchorages, and slatted wooden movable pathways were prepared which might furnish means of passage between the tents when snow and slush should come. Thus



TUBERCULOSIS CAMP, WARD'S ISLAND, SUMMER LOCATION.

equipped the coming of midwinter was awaited with the expectation that the twenty survivors must sooner or later follow their fellows into the shelter of the permanent buildings, and with every preparation made for immediate evacuation and retreat. The most sanguine hope did not go beyond this point. As the weeks passed, however, and the patients continued comfortable, evacuation was deferred until a severe storm occurred. Then it was found that, in spite of high wind and snow, a more equable temperature had been maintained and less discomfort caused in the tents than in the hospital wards most exposed to the force of the gale. From that experience, followed by other confirmatory ones, resulted the reconsideration of the design to evacuate the Camp.

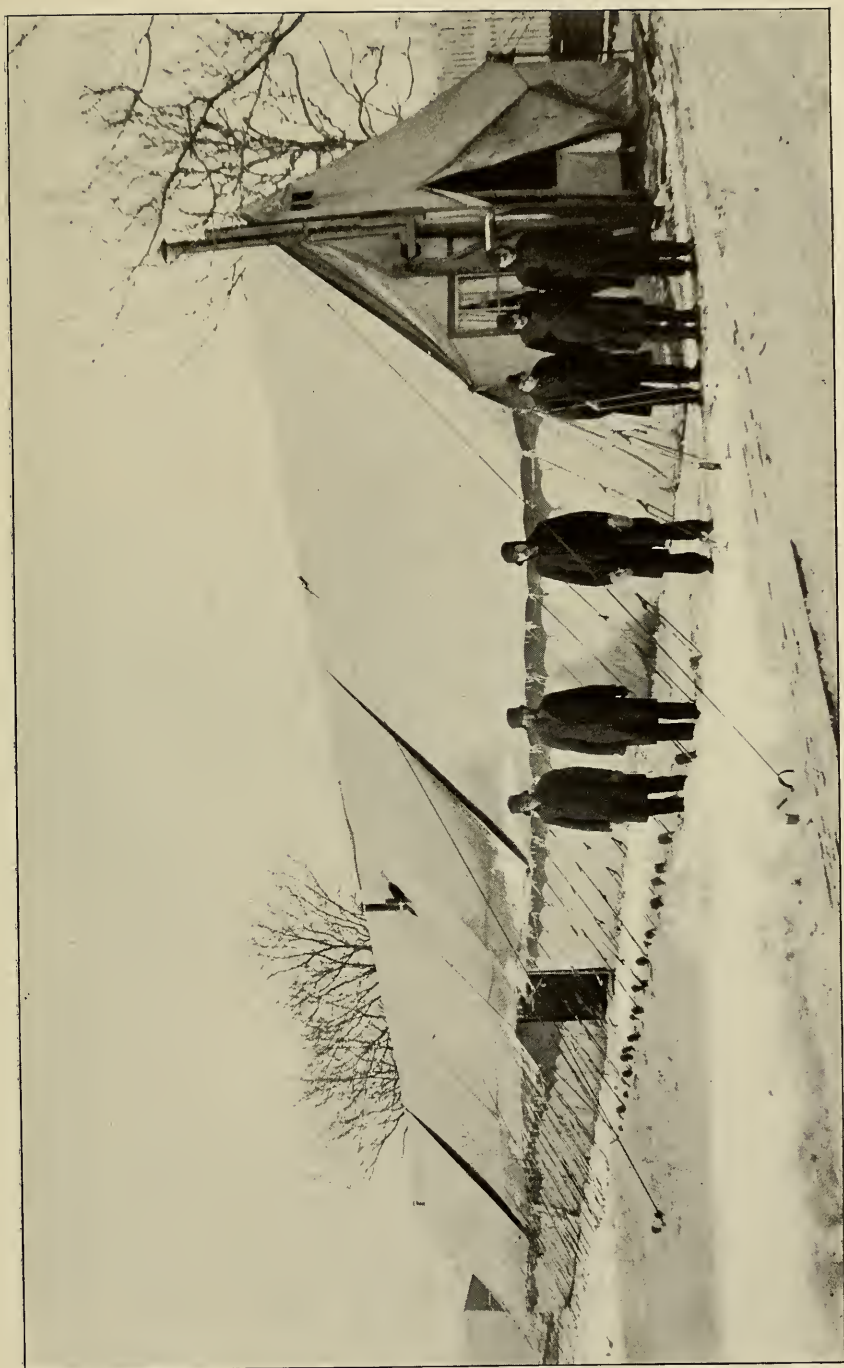
To make a long story short, it has remained in continuous use, not only throughout the first winter, but through the two succeeding winters and intervening seasons, up to the date of the present writing. The scope of its employment has been gradually enlarged until all patients in whom there are active manifestations of phthisical processes—an average of forty-three out of a total census of about two thousand—are isolated therein, and there has been parallel enlargement of the elements of the plant.

While not properly coming within the scope of this writing, it may not be out of place to make brief mention of the fact that the success of the first established Camp—that for the tuberculous insane—has led to the extension of the tent treatment for the insane, at this hospital, to several other classes of patients. Following the experiences and results of the first winter, as above summarized, the tuberculosis Camp was in the spring re-enlarged to its full capacity, and has remained in full use ever since, so that every patient showing the least activity of symptoms is not only afforded for himself the advantage of the outdoor treatment, but is removed from possible danger of injurious influence upon his neighbors. Each year also an additional camp for another class of the insane has been put in commission: one in 1901, Camp "B," for demented and uncleanly men, many of them bedridden, whose emancipation from the wards was a great gain, both for themselves and for the hospital conditions generally; one in 1902, Camp "C," for feeble and decrepit women, who were losing the benefits of outdoor life because the high levels and long stairways of the buildings were a

prohibition to egress and ingress; one in 1903, Camp "D," for convalescing patients, and those mainly from among the workers in the printing office, the shoe shop, and the tailor shop, so that they might enjoy, in the non-working hours, and especially at night, the advantages of which their indoor employments deprived them during the greater portion of the day; and, lastly, one in 1904, Camp "E," of forty beds, as an accessory to the acute hospital service, where patients for the most part confined to bed, and suffering from various concurrent diseases added to their insanity, find an agreeable and beneficial change from the ordinary surroundings of the hospital sick-room. In all, during the summer just past, and at this date, two hundred and sixty patients have been, and are, undergoing tent-treatment, an average of forty-three—all consumptives—remaining in Camp "A" throughout the year, and the others as long as favorable weather continues. In 1903 Camp "B" continued in commission from June 1 to November 30, Camp "C" from June 1 to October 15, Camp "D" from June 1 to November 30, and Camp "E" was opened on July 1, 1904, and, with the several others, is still (September 30) in use.

It is not proposed to follow here in detail the history of the Camp for tuberculous patients. Neither the purpose of this communication nor the limitation as to space will permit of it, and the reader who may desire further information in that direction must be referred to the annual printed reports of the hospital, and to special articles by members of the hospital staff which have, from time to time, appeared in the *Journal of Insanity* and other professional publications. It must suffice to summarize results. The isolation of the tuberculous patients has reduced to a minimum the danger of infection of other patients and of employees. The patients themselves have suffered no injury or hardship, but have, on the contrary, been unmistakably benefited. This is shown, among other ways, by a decrease in the death-rate from pulmonary tuberculosis, both absolute and relative, and by a marked general increase in bodily weight, amounting in the case of one patient to an actual doubling of weight—from eighty-three to one hundred and sixty-six pounds—in fourteen months of Camp residence.

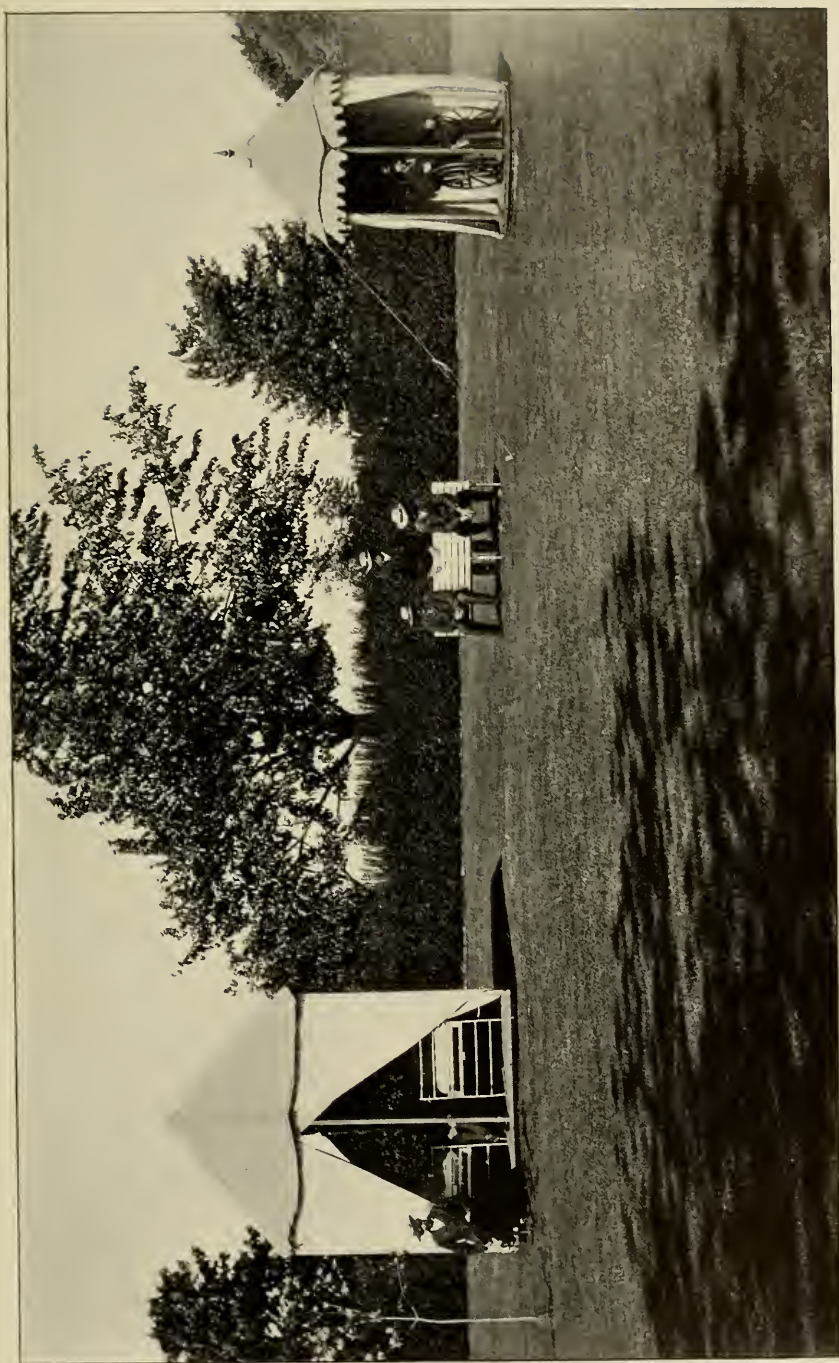
I prefer to advance these proofs, as they depend upon figures which are not capable of manipulation, rather than the usual percentage calculations of "improvements," and especially



TUBERCULOSIS CAMP, WARD'S ISLAND, WINTER LOCATION.

of "recoveries," which are for the most part notoriously unreliable. Several patients whose mental improvement permitted of their absolute discharge have left the hospital with the pulmonary disease also, to all appearances, completely arrested. Others whose condition in the latter respect was similar have been returned, their insanity still continuing, from the tent to the ward, and after periods extending in individuals as long as two years, continue, as far as can be found upon most thorough investigation, immune from reappearance of the disease. In other such cases again, but these are fewer in number, confinement to the wards has resulted in return of phthisical manifestations; but even in this most unfavorable class the benefits of the outdoor system have been demonstrated, for invariably improvement has again speedily followed upon their prompt return to the Camp. Mental improvement has as a general rule been the concomitant of physical, not only among the patients in the Tuberculosis Camp, but also in the others, and in the former class this has been somewhat of an anomaly. My experience, and I think that of others, has been that when phthisis and insanity co-exist they are apt to alternate as to the prominence of their several manifestations—the mental symptoms being more pronounced whilst the physical are in abeyance, and *vice versa*. Under the tent-treatment we have found a general disposition toward accord in the manifestations, improvement in both respects proceeding concurrently, and some of the discharges from the hospital which gave most satisfaction to us at the time, and most assurance for the patient's future, were of inmates of the Tuberculosis Camp.

The mental improvement, even in cases where recovery was not to be looked for, has been a gratifying feature of the Camp experiment, and depending largely, as it has, upon the patient's satisfaction with his new surroundings, has served to dispel one of the doubts with which the experiment was undertaken. It was apprehended that not only might the patients themselves resent their transfer, but that similar objection might come from their relatives and friends, since innovations, even progressive ones, are apt to be frowned upon by those who constitute the majority in the clientèle of a public hospital in a cosmopolitan city. Even at the outset, however, the protests, whether from patients or their friends, were surprisingly few, and latterly they have been more apt to arise, if at all, over the patient's return to the buildings when that became necessary. Through-



REVOLVING TENTS USED IN THE TUBERCULOSIS CAMP ON WARD'S ISLAND.

out the winter months constant and anxious inquiries have been made, both by patients who had been in the non-tuberculosis camps and by their visitors, as to how early in the spring the former might expect to resume their camp life.

The question of medication may in the present writing be dismissed with a very brief reference. It has been found unnecessary to extend it greatly, and it has been limited mainly to the treatment of symptoms. Stimulation—alcoholic and the like—has been found of but little demand or use, and the quantities consumed—always under individual medical prescription—have been insignificant. On the other hand the dietary has been made as liberal as the imposed restrictions of the State Hospital schedule have permitted, both in the way of regular diet and extras, and in the leading essentials—milk and eggs—private donations have supplemented the regular supply. But dependence, after all, has been mainly placed upon rigid isolation and disinfection, and upon the unlimited supply of fresh air. As an interesting incidental fact it may be mentioned that not only the patients, but also the nurses living in the Camp have enjoyed almost complete immunity from other pulmonary diseases. Not a single case of pneumonia has developed in the Camp in its existence of over three years, though it caused 131 deaths in the hospital proper in that time. The "common colds" so frequent among their fellows living upon the wards, or in the Attendants' Home, have been unknown among the tent-dwellers.

The popular idea that the consumptive is a doomed man unless he can at once abandon home and family and business and betake himself to some remote region would seem to be negatived by our Ward's Island experience. So also with the strenuous claims for high altitude. The Ward's Island Camp is but a few feet above the tide-water level, its site is swept in winter by winds of high velocity, coming over the ice-bound waters of the rivers and the sound which surround it, and it suffers as much as, or more than, any other part of the city of New York from the trying changes of temperature and humidity which are so characteristic of its climate. If, in spite of all these drawbacks, what has been done can be done, and that for insane patients, what may not be hoped from the extension of the same methods to the ordinary consumptive of sound mind, anxious for recovery, and capable of giving intelligent assistance in the struggle?

A. E. MACDONALD.

September 30, 1904.

II.—HOSPITALS FOR THE INSANE IN WHICH SPECIAL PROVISION IS MADE FOR CONSUMPTIVES

Arranged in alphabetical order, according to states.

CALIFORNIA

MENDOCINO STATE HOSPITAL FOR INSANE, TALMAGE:

Seven tents have just been erected for the tuberculous patients. Three are for dormitories, accommodating fifteen patients, one is a sitting-room, one a kitchen, one a lavatory, and one is for attendants. Most of the food will be supplied from the main building, but a kitchen has been provided for the purpose of preparing the extra food that will be required. It is planned to keep patients in the tents throughout the winter.

The Superintendent is E. W. King, M. D.

DELAWARE

STATE HOSPITAL FOR THE INSANE, FARNHURST:

In 1903 a separate building, with accommodations for twenty patients, was provided, exclusively for the tuberculous inmates of the institution.

This is the first instance of the erection and equipment, by a state insane hospital, of a new building especially for this purpose. The construction cost was about \$1,000 per bed. There is a sun parlor at each end of both floors, and the building is thoroughly equipped with modern apparatus.

The Superintendent is William H. Hancker, M. D.

DISTRICT OF COLUMBIA

GOVERNMENT HOSPITAL FOR THE INSANE, WASHINGTON:

A separate building is used for the accommodation of twenty of the consumptive men in this hospital. The rest of the forty-five or fifty tuberculous patients are isolated in single rooms or small wards whenever this is possible.

The Superintendent is William A. White, M. D.



TUBERCULOSIS BUILDING, DELAWARE STATE HOSPITAL FOR
THE INSANE.

LOUISIANA

STATE INSANE ASYLUM, JACKSON:

Two one-story pavilions for the white male and white female consumptives of this institution are nearly completed. The building for women will accommodate thirty-two patients; the one for men, forty. Both are isolated and have been constructed with special regard to thorough ventilation.

The tuberculous patients will be kept entirely separate from the others; they will have their own recreation grounds, will receive special treatment and diet, and will lead an out-of-door life as much of the time as possible.

The Superintendent of the Insane Asylum is George A. B. Hays, M. D.

MARYLAND

SPRINGFIELD STATE HOSPITAL FOR THE INSANE, SYKESVILLE:

For three years tuberculous patients have been kept in tents for about eight months during the year. On account of the high rate of improvement in the patients under this régime it is planned soon to extend the outdoor treatment throughout the year.

The Superintendent is J. Clement Clark, M. D.

MISSISSIPPI

STATE INSANE HOSPITAL, JACKSON:

Separate buildings, accommodating about 40 patients, were set aside in 1897 for the consumptives of the institution. They are brick buildings two stories in height, located on elevated ground.

The Superintendent is T. J. Mitchell, M. D.

NEW YORK

MANHATTAN STATE HOSPITAL, EAST, WARD'S ISLAND (a state institution for the insane) NEW YORK CITY:

Tuberculous cases are isolated in tents. In the winter of 1903-04 there were over forty patients treated in this way. The system of tent treatment was inaugurated in June, 1901, and each year it has been extended, either in time or in the number of patients included, until at present all the active cases of tuberculosis in the institution are kept in tents throughout the year.

The colony is situated on sloping ground about 60 feet above sea level, and has a moderate amount of shade. The soil is dry and well drained, over a rock bottom. There are two tents, accommodating twenty beds each, 20 by 40 feet and 14 feet high, with the wall 6 feet high. A smaller square tent provides three beds for critical cases. Similar square tents serve as dining-rooms, while smaller ones are used for linen rooms, storerooms and bath rooms.

It has been found that the tuberculous insane improve, under this system of care, both mentally and physically, and it has been adopted in other states.

Since the retirement, on October 1, of Dr. A. E. Macdonald, the acting superintendent has been J. T. W. Rowe, M. D.

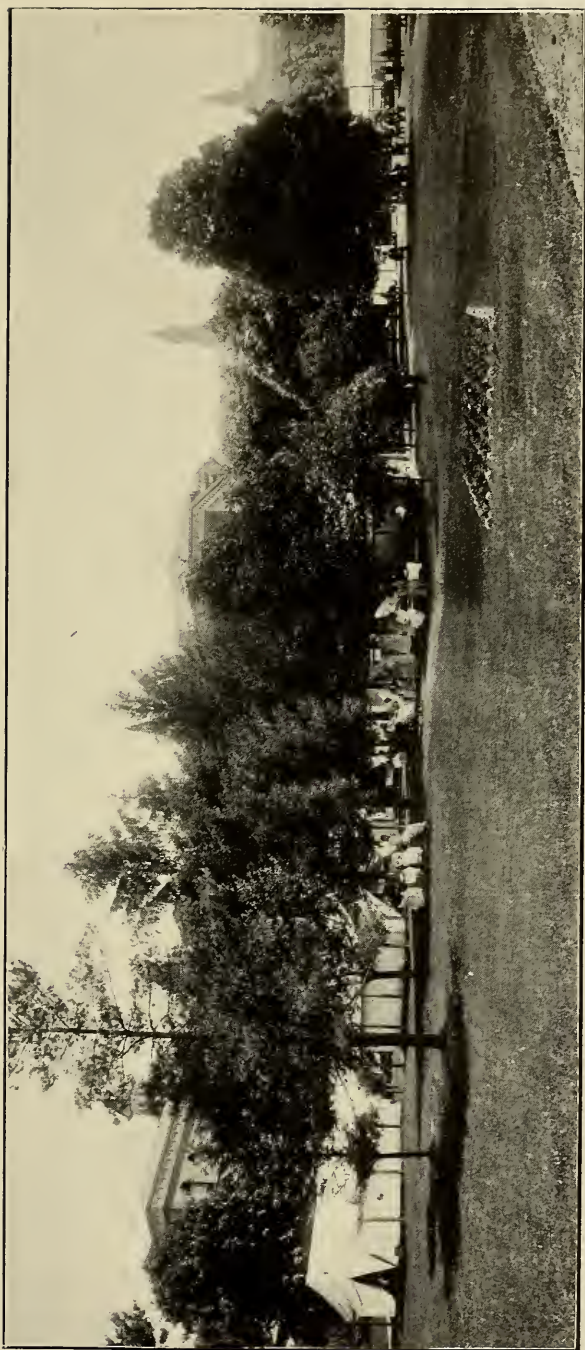
WILLARD STATE HOSPITAL FOR THE INSANE, WILLARD, SENECA COUNTY:

During the summer of 1903 life in a tent colony was tried for about fifty tuberculous men and women. Each of the two sets of tents included a dormitory for twenty or twenty-five patients, a bathroom, a dining-room, and a small tent for storage. There was a telephone in each tent and running water. Here, as on Ward's Island, it was found that the patients liked their outdoor life and gained in every way. The experiment lasted from early summer until extremely cold weather, and was repeated and extended in the summer of 1904. It is hoped to extend and develop the system until all the tuberculous patients can be kept out of doors practically throughout the year.

The Superintendent is Robert M. Elliott, M. D.

STATE HOSPITALS FOR THE INSANE, AT MIDDLETOWN, OGDENSBURG AND BINGHAMTON:

The State Commission in Lunacy is planning the erection, within the present year, of a large pavilion in connection with each of these hospitals, for the special treatment of insane persons suffering from tuberculosis. They are designed to accommodate 100 patients each, and are modelled after the plans awarded the first prize in the contest for plans for the King Edward Sanatorium in England.



TENTS FOR TUBERCULOUS PATIENTS AT THE COLUMBUS STATE HOSPITAL FOR THE INSANE.

OHIO

COLUMBUS STATE HOSPITAL FOR THE INSANE:

In the spring of 1903 a tent camp was equipped for the care of twenty-four women affected with tuberculosis. The results were so satisfactory that the camp was kept open until November 5, and in 1904 was increased to a capacity of eighty-four patients. Not only were most of the patients benefited physically by the outdoor life, but many of them also improved mentally, and all were pleased with the new way of living.

Two large tents, for sixteen patients each, are used for men, and there are several smaller ones, with a capacity of eight each, for women. Patients are classified in the camp according to the stage of the disease and according to their mental condition. Close observations are made on each patient and daily records are kept of his mental and physical condition, in connection with records of the climatic conditions. The camp is lighted by electricity and supplied with hot and cold water, and connected by telephone with the main office. Meals are served from the main kitchen in a dining tent. An interesting fact is that the expense of installing the six tents used during the first season and the cost of maintenance, with the exception of food, was only \$1,400.

The Superintendent is George Stockton, M. D.

RHODE ISLAND

STATE HOSPITAL FOR THE INSANE, HOWARD:

At this institution two tents, each 20 by 40 feet, are used each year from May until December for tuberculous patients.

The Superintendent is George F. Keene, M. D.

VERMONT

VERMONT STATE HOSPITAL FOR THE INSANE, WATERBURY:

A separate ward building, containing twenty-two beds, for the segregation of the tuberculous male patients, is in process of construction and near completion. It is possible and perhaps probable that the incoming legislature will appropriate money for the erection of a similar building for the segregation of female patients.

The Superintendent is Marcello Hutchinson, M. D.

VIRGINIA

CENTRAL STATE HOSPITAL FOR THE INSANE, PETERSBURG:

Tuberculous patients are segregated in two camps, one for the male and one for the female patients. These camps consist of tents of various sizes, for sleeping apartments, dining-rooms, bathrooms, and one for the acute sick. They are located on a lawn entirely apart from all other patients. The number of cases in the two camps averages between sixty and seventy. The camp for men was opened in May, the one for women in July, 1904.

The Superintendent is William Francis Drewry, M. D.

PART IV
TUBERCULOUS PRISONERS

I.—THE PREVENTION AND TREATMENT
OF TUBERCULOSIS IN PENAL
INSTITUTIONS

J. B. RANSOM, M.D.

PHYSICIAN TO CLINTON PRISON, DANMORA, NEW YORK

THE PREVENTION AND TREATMENT OF TUBERCULOSIS IN PENAL INSTITUTIONS

Primarily the prevention of tuberculous disease in penal institutions begins with the early life history of the juvenile offender, which is not within the province of this article.

Aside from this feature the prevention of tuberculous disease in penal institutions presupposes, first, proper housing. Tuberculosis is essentially a house disease. It is bred, fostered and propagated in a larger degree through the housing environment than through any other one means. An inspection of the penal institutions of this country will show that the housing facilities of the majority are of a character decidedly favoring the development and spread of tuberculosis. The location, elevation, exposure to sunlight, of the buildings for housing and manufacturing purposes, and the sewage and drainage, of many institutions are defective when judged from the tuberculosis standpoint.

The second great factor in the development and propagation of this disease in penal institutions is cellular confinement, in both the regulation and the punishment cells, especially the dark cells. In the damp, dark corners of the cells of most institutions, almost never visited by sunlight, the tuberculosis germ lurks and propagates itself through the medium of the cell inmates. Added to this is the ancient and common practice of using whitewash as a cleansing and disinfecting agent. As such, whitewash is a delusion. Observation and experiment show that whitewash really promotes the spread of tuberculous disease, or it may do so. The fine scales and floating particles that emanate from the dry whitewash when disturbed not only irritate the bronchial mucous membranes, but they are also carriers of infection to the point irritated. This has been demonstrated to my entire satisfaction by cell scraping. Certain experiments with lime burners also go to show that lime dust is favorable to the production of tuberculous disease. The bucket system, in use in most penal institutions, is another factor in the production of tuberculous infection, vitiating as it does the atmosphere of the cell and thus producing conditions favorable to germ life.

Still another factor is the unsanitary construction and uncleanliness of workshops and factories connected with these institutions. Never can it be hoped to eradicate tuberculosis from the penal institutions until there are radical improvements in all these and other like features of the prison housing and grounds.

The buildings connected with penal institutions should be especially constructed with a view to proper sanitation. The grounds should be well-drained, the sewage system complete, and the buildings so placed as to admit both the morning and afternoon sunlight. They should have high ceilings, large windows, and an adequate ventilating system. The cells should be large, well-lighted, and provided with water-closet and wash-basin. These cells should be constructed of steel, and a washable paint used as an interior finish. The cell halls should be kept scrupulously clean, and at stated periods washed with anti-septic solutions. All cells vacated should be disinfected, and no whitewash used about the prison interior.

Next in importance to the housing is the feeding, clothing, and body hygiene of the prison population in insuring a high resisting power in the individual. While the food must necessarily be plain and simple in character, it should nevertheless be varied to suit conditions and seasons. It should be nutritious, and a careful balance maintained between the proteid and starchy foods, with a generous admixture of fresh vegetables.

Especial attention should be paid to the clothing and bathing of penal populations. Spray baths should be given at frequent intervals; the clothing should be adapted to the seasons, kept clean and frequently disinfected by dry heat; and personal cleanliness should be insisted upon. All men confined in penal institutions should be permitted to exercise at some period of the day in the open air.

There are many other features in detail which might be enumerated, and which are important in the solving of the problem of the prevention of tuberculosis in penal institutions, but those indicated are the chief factors, and if strictly carried out would accomplish much toward preventing the disease.

The first step in the intelligent and effective treatment of the tuberculous prisoner is the introduction into all the penal institutions of systematic methods of examination, which will make not only possible, but certain as may be, the early diagnosis of the disease.



TUBERCULOSIS WARD, CLINTON PRISON.

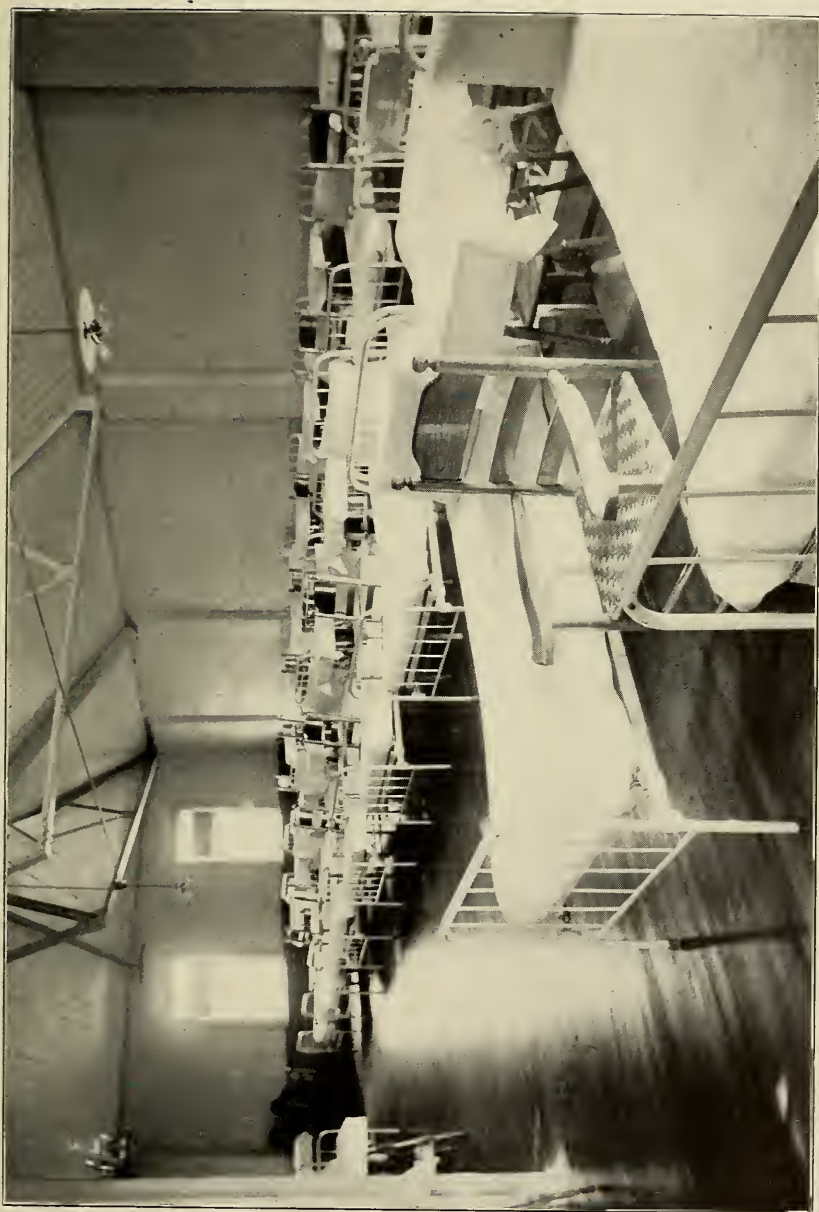
Under the methods of the past, and, I may say, mostly of the present, the tuberculous may be found scattered through every department of penal institutions unrecognized, none but the most advanced and self-evident cases receiving special treatment and isolation. Thus the majority of incipient cases go slumbering on, until the disease has so far advanced that recovery is made hopeless in many cases and the infection is consequently conveyed to many other persons.

To remedy this defect a law should be enacted making it mandatory upon the physicians of all jails and penal institutions to examine every man upon reception, with a view to detecting every case of tuberculosis, no matter in what stage, and to fill out a proper certificate, showing the condition of each person examined, a copy of which certificate should, in jail cases, be submitted to the court of trial, in order to hasten the trial of the tuberculous person, and should, in case of commitment to penal institutions, accompany the regular commitment papers.

As soon as an adequate system of identification for the tuberculous criminal has been put into working order, the whole problem will become greatly simplified. When once the prisoner is found to be tuberculous, he should at once be isolated from the general population and subjected to observation. If, after observation, it is found that his disease is not in an active stage, that his general condition is good, that he is not coughing or expectorating, and that bacilli are not present in his sputa, he can safely be assigned to some form of light work that will admit of his receiving a degree of air and sunlight, and not expose him to a dusty atmosphere. His case should, however, always be under close scrutiny, with a view to anticipating any renewed activity of the disease.

If the disease is at all active the patient should be admitted to regular hospital treatment. My own experience leads me to believe that this is best carried out in large open wards with high ceilings, admitting an abundance of sunlight and fresh air.

After admission to the wards the treatment of the tuberculous prisoner does not differ materially from that of the tuberculous citizen, except that there are certain conditions which arise depending upon, and peculiar to, the prison environment. The subjective effects of this environment are the element of mental depression and consequent unstableness of the nervous system, caused by the shock of arrest, trial and imprisonment,



TUBERCULOSIS WARD, CLINTON PRISON.

and the enervating effects of confinement under penalty. These special conditions must be met by appropriate treatment, and this, the nerve feature of the tuberculous prisoner, requires very much more attention than in the case of the ordinary citizen.

The objective conditions are those which necessarily arise from the effects of prison discipline upon the prisoner. He must conform to certain fixed rules and regulations, and therefore a full degree of freedom of individual action cannot be permitted him. Neither can he receive the amount of outdoor air and exercise that his case may require, as only at certain hours of the day can he be permitted outside the prison walls.

Fresh air and sunlight are the essential factors to the successful treatment of tuberculosis. These cannot be furnished the prisoner in the ordinary cell halls of a prison. However, it is my belief, derived from my own experience, that a satisfactory system can be devised for providing these requisites to the tuberculous prisoner by separate hospital buildings, provided with large open wards, so arranged as to admit plenty of air and sunlight, and with sufficient outdoor grounds for open-air treatment. The advantages of the open-ward treatment lie in the greater facility with which the attendants and officers may superintend their charges, and in a certain amount of social intercourse between inmates which can be permitted them under this system.

As an illustration of the advantages to be derived from this method it may be well here to describe the new tuberculosis ward now in use in Clinton Prison, in connection with the regular prison hospital. While not carrying out the above idea in full, it is a great step in the right direction, and has decidedly proved its efficiency.

This ward is an addition to the regular prison hospital, but separated entirely from the other wards by the main central court of the prison hall entrance. It is situated on the top floor of the administration building, and is open to the air on the eastern and western sides of the building, thus receiving a plentiful supply of light and air, and is also protected on the northern side by the main buildings. It accommodates forty-three patients, and is provided with suitable modern sanitary arrangements. In connection with this ward is an eleven-bed ward for the treatment of the extremely advanced cases, making a total of fifty-four beds. There is also an outdoor sunning and exercise court, which is provided with benches, elevated cuspidors containing

antiseptic solutions, crematory for the sputa and the spit cups with which each inmate is provided, running spring water, and water-closet, as well as sufficient shade, afforded by a few trees, for the extremely hot summer days.

Treatment of the patients here is practically divided into three phases: physical, medicinal and dietetic. The first consists principally of simple calisthenics and outdoor exercise in the court above described, morning and afternoon, which is required of each patient whenever the weather and his condition permit.

The medicinal treatment, while subordinated to the physical and dietetic, is nevertheless an essential feature, and such medicaments as the iodins, creosote, guaiacol, ichthyol, formalin, cod liver oil, stomachics and tonics are used, according to the requirements of the different cases. The ultra-violet X-ray has also been used to a considerable extent with beneficial results. The diet is prescribed daily by the physician, and is furnished on his order from the hospital kitchen. It is aimed to make this diet as nutritious as is consistent with available means, and it includes principally cereals, vegetables, milk, meat, eggs and fruits.

It is also intended to instruct each patient thoroughly, on admission, as to the necessary sanitary rules peculiar to his disease, as regards the care of his person, clothing and sputa. He is required to conduct himself in an orderly manner and keep his person clean and neat. He is permitted, within certain limits, to mingle and converse with his fellow patients, and to play checkers and dominoes with his neighbors, and is supplied with plenty of good reading.

This ward is in charge of a hospital attendant—a trained nurse—who is always in attendance during the day. While it has been in use less than two years, the results shown have surpassed all anticipations. Many patients are admitted in an emaciated, anæmic, and exhausted condition, apparently to live but a short time, but a few days under this systematic routine and treatment make a manifest improvement in them. If they carry temperature, it gradually subsides, their natural color returns, and many of them gain materially in weight. A goodly number are apparently cured, many cases are arrested, few die; and all the deaths have occurred in cases which were received in the prison in the last stage of the disease, and were utterly hopeless on reception. The results obtained in this prison by the

use of this ward lead me to believe that this method of treatment is the correct one, and is best adapted to the peculiar conditions of a prison.

A separate hospital building of sufficient capacity to accommodate all the tuberculous inmates of the penal institutions of the state, provided with properly fitted wards, modern sanitary appliances, and outdoor and indoor exercise courts, isolated completely from the prison population proper, presents without question the solution of the problem of the treatment and prevention of this disease in the penal institutions of the state.

When a patient has arrived at an arrested stage of the disease, he can advantageously be employed at some light work, which, I believe, is best represented by light gardening. In this way a sufficient quantity of vegetables and relishes can be raised to supply the needs of the patients, they receive the benefit of the exercise, their minds are diverted into a healthy channel, which is a very important factor, and the produce supplied by such labor undoubtedly pays for the extra expense incurred in the guarding while at work.

The whole solution appears to me to lie in the institution of a practical system such as outlined above, which, briefly stated, means the enactment of a law providing for the early diagnosis of the disease, the construction of a modern, isolated, tuberculosis hospital building of sufficient capacity, and the compulsory transfer to it of all established cases of tuberculosis.

J. B. RANSOM.

II.—PENAL INSTITUTIONS IN WHICH
SPECIAL PROVISION IS MADE
FOR CONSUMPTIVES

CONNECTICUT

In the state prison, at Wethersfield, a separate ward is reserved for consumptives.

INDIANA

In the STATE REFORMATORY, at Indianapolis, consumptives are segregated in special wards and sections of cells, and are kept under a special regimen as to work and diet. The physician in charge is H. C. Sharp, M. D.

KENTUCKY

THE PRISON HOSPITAL, at Frankfort, cares for tuberculous prisoners in separate wards. There is separate provision in this way for twenty consumptives.

MINNESOTA

THE STATE PRISON, at Stillwater, was the first prison in the country to adopt modern methods in the treatment of tuberculous convicts.

Since the summer of 1894 sputum examinations have been made in all suspected cases, and when tubercle bacilli are found the man is transferred to a section of cells reserved for such cases. Special care is taken of these cells; they are inspected and cleaned daily. Every precaution is taken against the spread of infection. The consumptives have their meals in their cells, and they are given a better and more varied diet than the other convicts. They are given out-of-door work apart from their fellows, and when too ill to work they are kept out of doors during working hours, both summer and winter.

In this prison, out of a population of 800 convicts, there has not been one death from pulmonary tuberculosis in the last two years.

The prison physician is B. J. Merrill, M. D.

NEW YORK

CLINTON PRISON, one of the three state prisons, is located at Dannemora, in the Adirondacks. Since 1895 there has been a systematic attempt to transfer here from Auburn, Sing Sing,

Eastern New York and Elmira Reformatories, all tuberculous prisoners, for the purpose of isolating them and giving them special treatment.

A small isolation ward for 11 cases was the only hospital provision until 1902. In July of that year a special ward accommodating 43 patients was constructed. In connection with the ward is an exercise court where the patients are kept in the open air as much of the time as possible. A new building, with a ward of 100 bed capacity, is now under construction. In addition to the 54 who can be cared for in the existing ward, nearly 200 other consumptives are treated in cells used exclusively for this purpose.

Dannemora lies on one of the eastern spurs of the Adirondack Mountains, at an altitude of 1,500 feet. It is protected by mountains on the north and west, but open to the south and east, and thus is well exposed to sunlight. It is partly surrounded by dense tracts of uninhabited forest, has a light annual rainfall, and the air is relatively dry and sterile.

The prison physician is Dr. J. B. Ransom; assistant physician, Dr. W. N. Thayer.

SOUTH CAROLINA

STATE PENITENTIARY, COLUMBIA:

A separate building for the tuberculous prisoners is projected. It will be located on the penitentiary grounds, and will accommodate about fifty. It is hoped that it will be ready for use in August, 1905.

The superintendent is D. J. Griffith.

TEXAS

WYNNE FARM, HUNTSVILLE:

The Farm was established in 1899, for the isolation and care of tuberculous prisoners in the Texas penitentiaries. It is located on a high, well-drained spot, two miles northwest of Huntsville. There are no timbered lands near the buildings and the supply of air and sunshine is thus unobstructed.

Sergeants and camp physicians in charge of the convict farms all over the state are instructed to transfer here all men suffering with tuberculosis as soon as the disease is recognized.

Some, also, are received direct from the jails. During the first three years the total number treated was 180, of whom 67 were Negroes, 65 white, and 48 Mexicans.

All the men who are able are required to do some work, consisting of light farming, gardening, poultry and stock raising. The garden products supply Wynne Farm and the Huntsville Prison and leave a surplus for the market. It is believed that the Farm will soon be self-sustaining, aside from the expense of guarding the men.

The prison physician is W. E. Fowler, M. D.

PART V

MUNICIPAL CONTROL OF TUBERCULOSIS

I.—ESSENTIAL FEATURES IN A MUNICIPAL
SYSTEM FOR THE CONTROL OF
TUBERCULOSIS

HERMANN M. BIGGS, M.D.

MEDICAL OFFICER OF THE BOARD OF HEALTH OF NEW YORK CITY

ESSENTIAL FEATURES IN A MUNICIPAL SYSTEM FOR THE CONTROL OF TUBERCULOSIS

(This article is condensed from a lecture given under the auspices of The Henry Phipps Institute and published in full in *The Medical News*, February 20, 1904.)

It has seemed difficult for the medical or lay sanitary authorities to understand that with the new knowledge afforded by the observations of Koch and others an entirely different sanitary problem was presented for their consideration, and that for its solution new methods must be adopted. Very gradually comprehension of this simple and apparently quite self-evident fact has forced itself upon them. It may be said now to be an almost universally accepted fact that some kind of action or supervision is justifiable and necessary, and the only difference of opinion is as to the extent of the measures which should be adopted and as to the manner of their enforcement.

What measures, then, does the efficient administrative control of tuberculosis require?

I. NOTIFICATION AND REGISTRATION.—The compulsory notification and registration of all cases is essential.

The fundamental importance of this measure is so evident that its consideration seems hardly necessary. It must, of course, appear at once that unless there is a system of compulsory notification and registration the enforcement of any uniform measures for prevention is impossible. Practical experience with this procedure has made it perfectly clear that the objections which have been urged against it are without force or foundation.

The notification of a case of tuberculosis does not require any action on the part of the authorities, if it seems reasonable to assume that such action is unnecessary. The very fact that tuberculosis is notified by the attending physician as a communicable disease has the greatest educational value, and justifies the assumption, in those instances in which the case is under the supervision of a private physician, that reasonable and necessary precautions for the protection of others will be taken. If, however, the consumptive has the disease in an infectious stage and is without a home, or is living in a lodging-house, or in a poorly furnished room, or in a family in a tenement house, or is receiving medical advice through some public institution, then all ob-

jection to the interference or the supervision of the authorities is removed, and in the interests of the public such interference and supervision become necessary. It should be strongly emphasized that the mere fact of notification and registration has in itself a very powerful educational influence.

2. FREE BACTERIOLOGICAL EXAMINATION OF SPUTUM.—To facilitate the early and definite diagnosis of all cases of pulmonary tuberculosis, the sanitary authorities should afford facilities for the free bacteriological examination of the sputum in all instances of suspected disease.

In a large proportion of the cases of early disease the physical signs and the symptoms are not sufficiently definite to permit a positive diagnosis by the general practitioner. An expert may easily arrive at a positive conclusion, but the general practitioner remains in serious doubt. In the absence of a positive result from an examination of the sputum, the attending physician awaits the appearance of more definite signs, and thus too often loses most valuable time, for these more definite signs mean further extension of the disease in the lungs. In some institutions, and by many physicians, the positive position is assumed that no case is to be regarded as tuberculosis of the lungs unless tubercle bacilli are found in the sputum. It is hardly necessary to point out how erroneous and dangerous is this opinion.

It is the general opinion now that such free bacteriological examinations should be made by the authorities, and that every convenience and facility for them should be afforded. It is a curious fact, in this connection, that large numbers of physicians in private practice who are unwilling or reluctant directly to report cases of tuberculosis, without hesitation send specimens of sputum for examination, with all the facts in relation to the patient which are necessary for registration.

3. EDUCATIONAL MEASURES.—It is difficult to overestimate the importance of the duties of the sanitary authorities in the education of the medical profession and of the people on the subject of tuberculosis. Circulars in as many languages as necessary, designed to reach different classes of the community and covering different phases of the subject, should be widely distributed, and the public press should be utilized to the very largest extent in the diffusion of information. The circulars as issued should be given to the press for general publication.

4. THE VISITATION OF CONSUMPTIVES IN THEIR HOMES.—An important part of the work of the authorities consists in the

immediate visitation by a physician or trained nurse of every case of tuberculosis not under the care of a private physician or in a public institution, as soon as it is reported. At these visits verbal instructions should be given, and printed circulars left for the information of the patient and the family. At the same time data should be gathered as to the history of the sick person and of the family, its social condition and financial income, the number of persons in the family and their wages; the number of cases of tuberculosis which have occurred, the probable source of infection in the individual; the sanitary condition of the premises, the amount of air space for each person, the character of the light and ventilation, the precautions being observed and the possible need of any further interference on the part of the authorities. In the course of these visits it becomes evident in many instances that a patient should be removed to a hospital or sent to a sanatorium outside of the city. In such instances, if possible, the patient should be induced by persuasion to avail himself of such institutional care as seems desirable or available. If the patient persistently refuses institutional care forcible removal must be resorted to in those instances in which the unsanitary conditions existing render it necessary.

5. DISINFECTION.—The disinfection or renovation of rooms or apartments which have been vacated by consumptives either by death or removal is another essential part of the system. Trained medical inspectors should be sent whenever it comes to the knowledge of the authorities that premises have been vacated by death or removal, and proper measures adopted to enforce disinfection of the premises by means of formaldehyde gas, or thorough renovation. In those instances in which the premises are dirty and filthy, and the walls and ceilings are in bad condition, renovation, to be performed by the owners, should be required. If necessary for this purpose, the apartments may be vacated, or, if already vacant, the occupation by others must be prohibited until such renovation has been completed. Carpets, rugs, clothing, pillows and mattresses, and any bedding or other textile fabrics, which cannot be properly disinfected by formaldehyde, should be removed by the authorities, and subjected to steam disinfection. Disinfection should be carried out by the health authorities without cost to the occupants or owners, but the cost of renovation, when required, should be borne by the owner of the premises.

A serious difficulty exists in this connection because of the

frequent changes of residence of some families containing consumptives; and as the families become constantly poorer on account of the financial loss and expense entailed by the illness, they move continually to a poorer and poorer class of tenements. It is often impossible to trace them, or to obtain information of their change of residence, so that proper disinfection of the apartments may be ensured. The owners of the property may, of course, be required to furnish information of the removal, but there is danger lest this course may eventually entail some hardship on the poor consumptive in rendering it more difficult for him to find lodgings. This is the most troublesome problem to solve which has been found in this connection in New York. It may be that eventually notification by the owner of the removal of a consumptive will be necessary, as the only solution of this difficulty.

6. REPEATED VISITS.—Provision should be made for making repeated visits to cases in tenement houses, when for any reason it has been undesirable or impossible to remove the patient to an institution. These revisits may usually be best made by trained nurses. In this way information may be gathered as to changes of residence, as to the efficiency of the precautions adopted by the consumptive, as to the changes in his physical condition or the financial resources of the family, and as to the necessity of any alteration required in the sanitary treatment of the case.

7. DIET.—Suitable food, especially milk and eggs, should be provided by the sanitary authorities, or by other authorities having supervision of such affairs, in those instances in which the families are in such destitute circumstances that proper or sufficient food cannot be obtained by them, and when the patient for any reason cannot be removed to an institution.

8. INSTITUTIONS.—The sanitary authorities should provide, or see that there are provided, and should supervise, three classes of institutions for consumptives:

Free Dispensaries.—In these free dispensaries medical treatment for ambulatory cases should be provided. These cases should be constantly under the supervision of the district physicians and nurses attached to the dispensary. When necessary, not only medicines, but food, should be furnished free by the dispensary to the consumptive poor. The dispensaries should also act as clearing houses for consumptives, and should serve as places to which all institutional cases on their discharge from

institutions and all poor cases receiving the care or assistance of charitable organizations, should be referred for medical care. From this dispensary suitable cases should be referred to either a sanatorium or a hospital, as seems necessary.

Hospitals for the Care of Advanced Cases.—It is not necessary that all the hospitals for the care of advanced cases should be directly under the control of the sanitary authorities, although they should exercise a general supervision over these institutions. It is necessary, however, at least in a very large city, that the authorities should have control of at least one institution with adequate facilities for the care of certain varieties of advanced cases of the disease, which it may be necessary to remove forcibly to the institution and retain there.

These cases are of several types: first, those who are discharged from other institutions, because they are, from the institutional standpoint, exceedingly undesirable patients, or because they have violated the regulations of the institution; second, cases living in lodging houses and inmates of public institutions not having facilities for their care, who are unwilling to enter any of the hospitals which are available, but who must be provided for in some way; third, cases which are almost necessarily sources of danger to the other members of their family, by reason of extraordinarily unfavorable sanitary conditions, great poverty, or overcrowding, but are unwilling to enter an institution; fourth, numerous cases which have already been under the care of an institution, and which become for some reason dissatisfied with their care and are determined to return to their homes, although the family is unwilling or unable to provide properly for them.

All such cases—homeless, friendless, dependent, dissipated, and vicious consumptives—are the ones likely to be most dangerous to the community. They must be provided for by the sanitary authorities at any cost, and if necessary the health authorities must intervene to remove such patients by force to suitable institutions and there detain them.

Sanatoriums.—The sanitary authorities should provide, or have available, proper sanatoriums in favorably situated country districts for the care of early and incipient cases. No further comments seem necessary on this phase of the subject.

9. REGULATIONS FOR PUBLIC INSTITUTIONS.—The sanitary authorities should issue regulations applicable to public institu-

tions as to the care of consumptives. The admission and treatment of such patients in the general wards of general hospitals should be prohibited, and all public institutions caring for such patients should be required to provide separate rooms or wards. These regulations should apply not only to general hospitals, but also to the hospitals for the insane, to penal institutions, homes and asylums. Suitable regulations should be formulated in regard to cases occurring among the teachers or pupils in the public schools, and employees in factories, workshops and mercantile establishments, and in regard to occupations of a nature likely to disseminate the disease.

IO. ORDINANCES AGAINST EXPECTORATION.—The sanitary authorities should enact and enforce regulations prohibiting spitting on the floors of all kinds of public conveyances, such as street cars, steam railroad cars, and ferry-boats, and on the floors of public buildings and places of public assembly, such as ferry-houses and depots, and in the halls of tenement houses, in theatres, in factories and in workshops. Spitting on the sidewalks should also be prohibited.

When we have educated the mass of people up to this view, so that this habit of spitting will not be tolerated, the chief factor in the solution of the problem of the prevention of tuberculosis will, in my opinion, have been found.

A number of measures of minor importance in the surveillance of the tubercular diseases have been in operation in New York City. Among these may be mentioned the semi-annual census of the cases of pulmonary tuberculosis under treatment in public institutions in the city. It has also been the custom during the last two or three years to communicate with the attending physician in cases of tuberculosis which have been reported through the sputum examination or directly and to inquire whether the patient is still under treatment, and if so, whether improvement has taken place or not, and whether the physician has any objection to a visit's being made to the patient if he is not at that time under his observation. If the physician replies that the patient has passed from his observation, and he has no objection to an investigation by the department, an effort is made to locate the patient and determine what the condition is.

Sanitary cuspidors are supplied by the department through trained nurses for the use of very poor patients in the tenement-house districts, and large numbers of these cuspidors have also been supplied to various charitable societies, which have super-

vision of, or are extending help to, cases of consumption in their homes. Large numbers of circulars of information have also been supplied to these societies for distribution, and similar circulars in various languages have been furnished to various labor unions for distribution among their members.

The inspectors of the Tenement House Department and visitors of the Charity Organization Society and other private societies, report to the Department of Health any cases of apparent tuberculosis which they may find, and these are investigated by the Department of Health.

Attempts have been made to secure the condemnation by the city of several areas in the tenement-house districts in which tuberculosis has been particularly prevalent.

One minor measure which has been found of much service in New York has been the house-to-house inspection in tenement-house districts by women physicians in the search for unreported cases of tuberculosis. Quite a large number of such cases have been found in this way, especially among the foreign population. It is also of the greatest importance, in this connection, that the trained nurses and medical inspectors should know the language of the people whom they are visiting. Great care has been taken, as far as it was possible under the civil-service regulations, to obtain trained nurses and physicians who speak foreign languages. We have now, engaged in this work, nurses who speak French, German, Yiddish, Russian, Italian, Chinese, Slovak and Polish.

These measures include the more important provisions of a scheme for the efficient administrative control of tuberculosis.

In its main and most important features such a plan has been in force in New York City for a number of years. The feasibility and the practicability have been conclusively demonstrated by experience in the second largest city in the world. In only a few of the less important details is the general plan as now followed in New York wanting.

Very great opposition met the proposition of the Department of Health to undertake this work in the beginning, and many difficulties were encountered in the early years owing to this opposition. But experience has shown that the obstacles are largely imaginary; that the harmful results which were predicted as certain to follow have failed to materialize. Practically no serious difficulties are encountered in carrying on the work. The difficulties are really less serious than those encoun-

tered in connection with the contagious diseases. There has been hearty approval by the majority of the medical profession, and acquiescence by the remainder.

In answer to the question, What may reasonably be expected from the enforcement of such measures? we find again an answer in the experience of New York. There has been a more rapid fall in the tuberculosis death rate in New York City than in any great city in the world, and this notwithstanding the fact that the conditions in many respects are much more unfavorable, because of the very dense population in the great tenement-house districts of the city and the large element of foreign-born population. Various investigations that have been carried on by the Department of Health seem to substantiate the conclusion that the decrease in the deaths from tuberculosis is a real one and not in any material respect merely apparent. It is not at all intended to indicate that the whole of the reduction in the death rate from tuberculosis in New York City has been the result of the measures directed especially against this disease, for many other factors have undoubtedly contributed to it, but I do believe that the very great and rapid fall in the tuberculosis death rate is the direct result of the application of these measures; and I fully believe that the next fifteen years will see a reduction quite equal to that which has already taken place.

If we accept at all the necessary deductions of our scientific convictions in relation to tuberculosis there can be no escape from the conclusion that tuberculosis is, of all the important infectious diseases with which we have to deal, certainly the most preventable. The experience of New York City may be regarded as furnishing proof of the truth of this conclusion.

HERMANN M. BIGGS.

II.—SUMMARY OF EXISTING MEASURES IN
THE PRINCIPAL CITIES OF THE
UNITED STATES

LILIAN BRANDT

SUMMARY OF EXISTING MEASURES IN THE PRINCIPAL CITIES OF THE UNITED STATES

To ascertain what was being done in the way of administrative control of tuberculosis in the principal cities of the country a letter of inquiry was addressed to the president of the board of health in each of the seventy-eight cities of more than 50,000 inhabitants. After a suitable interval a second inquiry was sent to all who had not responded to the first. From ten of the cities no reply whatever was elicited, nor were the letters of inquiry returned unclaimed. These ten were Pittsburgh, Allegheny, Harrisburgh and Scranton, in Pennsylvania; Charleston, South Carolina; Des Moines, Iowa; Detroit, Michigan; Kansas City, Kansas; Portland, Maine; and St. Joseph, Missouri. The information that was received from the other sixty-eight may not represent quite all that is now being done by the city authorities, as new measures may, in a few cases, have been instituted in the few months since the inquiry was made.

In fifty-nine of the sixty-eight cities from which replies were received tuberculosis is now "officially recognized as a communicable disease," but it is probably true that "that is all that is done in the matter," in more of the fifty-nine than the one which plaintively admitted that such was the state of affairs. On the other hand, four of the nine cities which deny that they recognize the communicability of tuberculosis, betray, either in publications of the department or in answer to other questions, that they effectively subscribe to the doctrine.

In fifty-nine of the sixty-eight cities also, there are more or less comprehensive ordinances against expectoration in public places, and in two or three others an ordinance is under consideration.

The prohibition contained in some of these ordinances applies only to street cars, the enforcement being left entirely to the street-car companies; in others—a few—practically every public spot is interdicted to the promiscuous spitter, offenders are subject to arrest, and as severe a penalty may be imposed as a fine of \$500 or imprisonment for one year. In four of the cities, it is claimed, the ordinance is enforced "strictly," "successfully," or "well"; in four cities, "fairly well"; in three, "never" or "not at all"; while in a large proportion of the rest

the enforcement is admittedly "indifferent," "not very effective," "not what it should be," or "not rigid enough," and penalties are imposed only "at times" or "seldom." It is sufficiently evident from every-day experience, without the confirmation of these comments, that the mere existence of ordinances against expectoration does not solve the problem. It is something, however, that in so many cities the public has arrived at the point of realizing that the ordinances are desirable, and doubtless the placards which are displayed have some psychological effect, even in places where no prosecutions are made. The health officer of one city remarked that "although this regulation is not enforced, still it has done some good."

These ordinances are all of recent date. Among the fifty-two cities which furnished information on this point of date, New York was the pioneer, early in 1896, closely followed, in the same year, by Boston and Los Angeles. In 1897 eleven other cities passed similar ordinances; in 1898, six; in 1899, ten; in each of the next two years, eight; but since 1901 there have been only six added to the list, unless some of the seven which failed to give the date belong here.

The reporting, to the board of health, of all cases of tuberculosis, while still living, is requested or required in thirty-nine cities, exactly half of the total number of seventy-eight, and it is contemplated in at least three more. Whether this notification is "requested" or "required" is of little practical significance, since in no city has recourse ever been had to prosecution for failure to report, even if such failure is a violation of a "requirement" of the sanitary code. In New York City a system of persistently reminding institutions and physicians of their duties in this respect and of calling them to task for every delinquency that comes to the knowledge of the health department, has resulted in a fairly complete registration. Physicians have repeatedly been summoned to appear before the board of health to explain their failure to report cases. When they have failed to appear their attendance has been compelled by the issuance of a subpoena. Dr. Biggs estimates that the department has a record of 90 per cent of the consumptives of the boroughs of Manhattan and Bronx before their death, though in many instances, of course, it is only a short time before death. In a few other cities some such devices for securing the co-operation of physicians have been tried, but in none with sufficient persistence to bring about satisfactory results. Many of the health

officers of the cities in which reports are required commented that the regulation is "not often complied with" or "not generally obeyed," or volunteered the information that "very few reports are received." In no American city, so far as is known to the writer, has the English method of securing registration been adopted, by offering a small fee, usually two or three shillings, for each living case reported by a physician. If neither inducements nor punishments are resorted to, in order to secure compliance with a requirement to report, the only hope seems to lie with the New York method of patient persuasion and education, reinforced by the threat of legal procedure. The development of this necessary part of a system of administrative control is, as would be expected, even later and less far advanced than is the prohibition of spitting. Most of the progress in this direction has been made in the last five years.

Disinfection of apartments in which consumptives have lived is recognized to be desirable in sixty-one of the sixty-eight cities from which replies were received. In two, however, it is "not done, on account of lack of appropriations"; in three, "not unless requested"; in twenty-seven it is done only "on request"; in three others, "sometimes" or "occasionally"; in two it is "recommended"; and in regard to fourteen the extent to which it is done is not specified. In the other ten cities, it is claimed, disinfection is "required" after the death or removal of a consumptive. The favorite method of disinfection is by formaldehyde; but in eight cases the scrubbing of floors and woodwork is added, and the disinfection of bedding and clothing by steam.

Something in the way of educational work is attempted by the health department in twenty-nine of these cities. The usual method is to distribute, more or less widely, circulars of information in regard to the nature of consumption, how to avoid contracting it or giving it to others, and how the consumptive should live. In a very few instances use is made of the daily press, and public lectures are given.

New York seems to be the only city, so far, in which nurses are employed by the department for the express purpose of visiting poor consumptives in their homes. In Rochester one has been asked for; in Peoria one nurse, employed by the board of health, is sent to tuberculosis cases as well as to others; in Cleveland, Washington, and Syracuse, by co-operation with private organizations, nurses are available for the needs of the department.

In at least fifteen of the cities sputum is examined for physicians free of charge. The milk and meat supply is under more or less rigid control, either by city authorities or the state board of health, in sixty-two of the cities. In only a few cases is there careful inspection of the cattle, particularly in dairies, for tuberculosis. Any supervision, however, which has the effect of raising the standard of milk or meat supplied to the market, is an indirect measure for lessening tuberculosis.

Several miscellaneous measures that have been adopted in different places deserve mention. A few cities supply sputum cups free of charge to needy consumptives. In Bridgeport, Connecticut, tuberculous children and pupils are excluded from the public schools. Indiana has recently passed a state law to the same effect. This seems, on the whole, neither necessary nor desirable. Cincinnati has, a few months since, put in force a well-planned system for the control of tuberculosis which has at least one distinctive feature. A physician who is specially qualified to do the work is employed to hold office hours at the department, for the purpose of making physical examination of suspected cases, on any physician's request. By this means it is hoped that many cases will be caught in the very early stages, before the sputum contains bacilli, or even before there is any expectoration. The more important measures which are peculiar to New York, among American cities, are, in addition to the provision for visits in the home, by nurses and physicians, the establishment and maintenance of a free municipal clinic especially for the treatment of tuberculosis and the exercise of the right of forcible removal.

In view of the fact that we have for twenty-two years had in our possession all the knowledge essential to the intelligent sanitary surveillance of this disease, it seems incredible that so little has been done. The situation is a reproach to our intelligence and our public spirit, a reproach which will only be removed when every city in the land will have put into force, in its main features and with whatever modifications are necessary for local conditions, the system of administrative control outlined by Dr. Biggs in the preceding pages. It is encouraging that thirty of the seventy-eight cities reported that plans were under consideration for the introduction of essential measures or for the further development of a system already existing.

LILIAN BRANDT.

PART VI

ASSOCIATIONS FOR THE PREVENTION OF
TUBERCULOSIS: SOCIETIES, COMMITTEES,
STATE COMMISSIONS

I.—ORGANIZATION AND FUNCTION OF A
SOCIETY FOR THE PREVENTION OF
TUBERCULOSIS

EDWARD T. DEVINE

GENERAL SECRETARY OF THE CHARITY ORGANIZATION SOCIETY OF
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THE ORGANIZATION AND FUNCTION OF A SOCIETY FOR THE PREVENTION OF TUBERCULOSIS

There is no city in the United States in which a society for the prevention of tuberculosis would be useless or out of place. In no two, probably, would the activities of such a society be just alike, but in every one there exists the need for organized effort in reducing to a minimum the distress and loss of life caused by this preventable disease.

The need for such effort is more conspicuous in the large cities, but the chance for satisfactory results is greater in the town of a few thousand inhabitants. In the small town it should be possible to give proper care to every consumptive, to control every center of infection, to inform the public mind thoroughly, and to keep up with the needs of the population as it increases. These needs would be chiefly in the way of education, inasmuch as the original provision for the sick would, if the society worked effectively, continue to be adequate and ultimately become unnecessary. In a large city, on the other hand, the great numbers of sick requiring hospital and sanatorium care, the far greater numbers of persons to be instructed, and the greater difficulty in securing for all wholesome conditions of living, make the task seem less hopeful at the same time that they emphasize the importance of undertaking it. Fortunately, in a large city many agencies will be found already working indirectly for the solution of the tuberculosis problem, and ready to undertake various parts of the task. But however efficient the health department, however plentiful the hospitals, there will always remain the work of education.

In regard to the composition of such an association the same general rule will apply everywhere. A membership that is representative, not only of the medical profession, but of other interests and activities, and especially of existing agencies concerned with the public health and practical philanthropy is an initial advantage in enlisting the co-operation of all the forces in the community and the interest of all classes, and is a constant safeguard against partisan views.

Whether the association shall be independent or under the auspices of some existing organization is a question to be determined by local conditions. Both methods have been tried with satisfactory results. In New York, for instance, the association formed for this specific purpose is a committee of the Charity Organization Society, in Chicago it is affiliated with the Visiting Nurse Association; in Saint Louis, it is a committee of the Civic Improvement League; while on the other hand the Boston and Scranton societies are examples of independent organizations. If the opportunity presents itself of affiliation with an organization of generally recognized importance in social work, it may be desirable for the new association to enter public life so sponsored, assuming that there are no conditions which might hamper its development in the future. On the other hand, the purpose of the new enterprise should be sufficient to commend itself to the public, provided that the *personnel* is guarantee that the work, as undertaken, will be worth while.

The work which should be undertaken is also determined largely by local conditions. The general features of a comprehensive campaign being agreed upon, it is the part of the society or committee for the prevention of tuberculosis to initiate those parts of the task which have not been undertaken by any existing agency. A thorough survey of the situation should be preliminary to any plan of action. Care should then be had not to duplicate any work already being well done by the department of health or by a private society, though all possible assistance and encouragement should be given to such work. In developing the campaign it will often be found possible to induce older organizations to undertake such parts of it as are especially appropriate to them. Certain essential measures, such as the control of indiscriminate expectoration, the registration of living cases, disinfection, and free bacteriological examination of sputum, are more properly governmental functions and can best be administered by an efficient board of health. In a community which has a department of health no efforts should be spared to secure the expansion of its activities until it has developed the system of control described in this volume. In a community without an efficient department of health the society will find itself forced to try to supply the lack, preferably by securing the efficient department.

The hospital and sanatorium question will, it is safe to pre-

dict, be of pressing importance for some time to come in every city. Not until there is sufficient accommodation for every consumptive who cannot receive proper treatment at home can it be disregarded. There is room here for state, municipal and private enterprise, and little danger that the provision by all of them combined will exceed the demand. Although sanatorium treatment is preferable for most patients, even those in the earliest stages of the disease, nevertheless the special dispensary is now, and will for some time continue to be, a most important element in the provision for the tuberculous poor. For ambulant cases who are obliged to go on working, or for whom there is no room in a sanatorium, the special dispensary, with its visiting nurses, is at least the best makeshift yet devised for sanatorium treatment, and on the educational side it has large possibilities. Charitable assistance is required sooner or later by many families in which a case of tuberculosis occurs. It is not always necessary, perhaps it is not generally desirable, that the society for the prevention of tuberculosis should attempt to supply material relief; but it should at least establish relations with existing relief agencies and supplement their efforts in any way that is required, and it should keep constantly in mind and before the public the fact that the care of consumptives in their homes is a most important part of any scheme for the eradication of this disease.

There is practically no limit to the amount of educational work to be done by one of the societies under discussion. By lectures to all classes of society, by distribution of literature, by house-to-house visits, by newspaper articles, by co-operation with the public-school teachers and trade unions, and in many other ways, the work of informing the public in regard to the nature of tuberculosis and the way to avoid it and to prevent its spread can be carried on. Nor is this work completed so long as any members of the community remain uninformed.

The care of the tuberculous inmates of any insane hospitals or penal or charitable institutions within the territorial bounds set by the society should be a matter of interest to the society, and all possible efforts should be made to bring about the introduction of proper treatment in such institutions.

In addition to all the direct methods of attacking tuberculosis there are many indirect methods which are no less important and which, in fact, are essential to a successful crusade against

this disease. It is quite within the province of a society for the prevention of tuberculosis to initiate a movement for improved housing conditions or for better sanitary conditions in factories, workshops, stores, and schools, or for playgrounds in the crowded districts of the city. In a community in which there is no other active and aggressive body to do such work it even becomes a duty. In any case every movement which has for its object the improvement of living or working conditions should be heartily supported.

EDWARD T. DEVINE.

II.—ASSOCIATIONS FOR THE PREVENTION OF TUBERCULOSIS IN THE UNITED STATES AND CANADA

Arranged in alphabetical order, according to states

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION
OF TUBERCULOSIS (June 6, 1904):

Objects:

1. The study of tuberculosis in all its forms and relations.
2. The dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis.
3. The encouragement of the prevention and scientific treatment of tuberculosis.

After preliminary meetings in Baltimore and Philadelphia the constitution and by-laws of the national association were finally adopted on Monday, June 6, at Atlantic City, and officers were chosen.

Dr. Edward L. Trudeau, of Saranac Lake, N. Y., is the first president; Dr. William Osler, of Baltimore, and Dr. Hermann M. Biggs, of New York, are vice-presidents; Dr. George M. Sternberg, of Washington, D. C., late Surgeon-General, is treasurer; and the secretary is Dr. Henry Barton Jacobs, of Baltimore. The board of directors, including the officers above named, consists of Drs. Norman Bridge, of California; S. E. Solly, of Colorado; John P. C. Foster, of Connecticut; George M. Sternberg, of Washington, D. C.; Arnold C. Klebs and Robert H. Babcock, of Illinois; John N. Hurty, of Indiana; William H. Welch, William Osler, Henry Barton Jacobs, and John S. Fulton, of Maryland; Henry M. Bracken, of Minnesota; William Porter, of Missouri; Edward O. Otis and Vincent Y. Bowditch, of Massachusetts; Victor C. Vaughan, of Michigan; Mr. Frederick L. Hoffman, of New Jersey; Drs. Hermann M. Biggs, S. A. Knopf, and Edward L. Trudeau and Mr. Edward T. Devine, of New York; Drs. Charles L. Minor, of North Carolina; Charles O. Probst, of Ohio; Lawrence F. Flick, Mazyck P. Ravenel, Howard S. Anders and Leonard Pearson, of Pennsylvania; Matthew M. Smith, of Texas; Major George E. Bushnell, of the United States Army Hospital, Fort Bayard; and Surgeon-General Walter Wyman, of the United States Marine Hospital.

Its membership is to consist of three classes:

1. Members—Those who are elected by the board of directors and who pay annual membership dues of \$5.
2. Life mem-

bers—Those who pay \$200. and are already members of the Association. 3. Honorary members—Persons distinguished for original researches relating to tuberculosis, or eminent as sanitarians or as philanthropists, who have given material aid in the study and prevention of tuberculosis. The list of members already numbers two hundred and fifty names, including the leading workers in the subject of tuberculosis, both lay and professional, throughout the country. A fund is being accumulated to insure its financial success.

The government of the Association, the planning of work, the arrangements for meetings and congresses, and everything that appertains to legislation and direction, is in the hands of the board of directors, and committees have the power to execute only what is directed by the board.

The board of directors is empowered, however, to appoint an executive committee of seven members, of which the president and secretary of the Association shall be *ex-officio* members, to which is entrusted the executive work of the Association. This committee, chosen at the meeting in Atlantic City, consists of Dr. Edward L. Trudeau, Dr. Henry Barton Jacobs, Dr. William Osler, Dr. Hermann M. Biggs, Dr. Edward O. Otis, Dr. Mazyck P. Ravenel, Dr. Arnold C. Klebs, Dr. John N. Hurty, and Mr. Edward T. Devine.

A fund is being accumulated to insure the financial success of the Association.

Communications should be addressed to the Secretary, United Charities Building, 105 East 22d Street, New York City.

CALIFORNIA

THE SOUTHERN CALIFORNIA ANTI-TUBERCULOSIS LEAGUE (June, 1903):

Objects: "To combat the spread of tuberculosis by—

"1. Research.

"2. Education.

"3. Practical work in the relief and cure of indigent patients afflicted with tuberculosis.

"4. Co-operation with organizations of similar aim."

Several public meetings have been held, at which talks have been given on the prevention of tuberculosis. Short articles have been placed in daily papers. A pamphlet has been prepared on "Things the Laity should know about Consumption."

and a circular of "Precautionary Suggestions for the Afflicted." Arrangements have been made for the distribution of eighty-nine thousand of these over Southern California, through the schools and in other ways. A lecture bureau is maintained which agrees to furnish lecturers to all organizations that may apply. It is planned to continue and extend the work through the press.

Communications should be addressed to either F. M. Pottinger, M. D., President, Monrovia, California, or Rose T. Bullard, M. D., Secretary, Bradbury Building, Los Angeles.

THE TUBERCULOSIS COMMITTEE OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA (April, 1903):

Objects: To collect data bearing upon the tuberculosis problem as it exists in the state of California and to make recommendations to the next annual meeting of the Society.

Inquiries were sent to every physician and officer of health in the state and on the answers received the Committee based its report. The report embodied a recommendation to physicians that they should "educate their patients as to the nature of the disease and the manner of its prevention"; the work done by organizations attempting to combat the disease was endorsed; and the Committee declared itself opposed to "all forms of phthisiophobia" and to "unscientific, unpractical and inhumane" legislation, but heartily in favor of the rigid enforcement of anti-expectoration ordinances, the provision of cuspidors in public places, compulsory notification, for the purpose of instruction and disinfection, and state sanatoriums for the poor.

A final recommendation was made to the effect "that the work of the Committee be continued for the following purposes:

- “(a) To keep in touch with similar work done in other localities.
- “(b) To institute educational measures.
- “(c) To secure the adoption of anti-expectoration laws.
- “(d) To devise ways and means for securing the disinfection of public vehicles used for the transportation of consumptives.
- “(e) To present to the governor and state legislature the matter of the importance and necessity of state sanatoriums for the treatment of the poor.”

Communications should be addressed to either Dr. F. M. Pottenger, Chairman, Monrovia, or Dr. Edward von Adelung, Secretary, Oakland.

CONNECTICUT

THE NEW HAVEN COUNTY ANTI-TUBERCULOSIS ASSOCIATION
(1903):

Thus far this Association has concentrated its efforts on the erection of the Gaylord Farm Sanatorium (see page 41).

Communications should be addressed to Dr. John P. C. Foster, Chairman of the Executive Committee, 109 College Street, New Haven.

DISTRICT OF COLUMBIA

THE ASSOCIATED CHARITIES' COMMITTEE ON THE PREVENTION
OF TUBERCULOSIS (December, 1902):

Objects: "To combat the spread of tuberculosis, to better the condition of patients suffering from it, and to promote their recovery."

Since its organization the Committee has

1. Assisted in securing the passage of an anti-expectoration law.

2. Arranged lectures by prominent physicians and laymen, in churches, before Citizen Associations, etc., reaching from 100 to 2,500 people each week.

3. Prepared about one hundred special stereopticon views for use in illustrating these lectures.

4. Established a free loan library for instruction regarding consumption.

5. Proposed laws for registration of all consumptives and free examination of sputum by health department.

6. Arranged for distribution of literature through public school pupils.

7. Secured money from private contributors for the erection of four tent pavilions for the treatment of consumptives. These are attached to the overcrowded Almshouse Hospital—the only hospital in Washington which receives consumptives.

8. Opened a dispensary for the free examination and treatment of those who are suffering from tuberculosis (see page 167).

The plans for the future are to continue agitation and efforts along the same lines and to aid in securing the erection of a

municipal hospital for consumptives. The establishment of a hospital-camp is under discussion.

Communications should be addressed to Charles F. Weller, Secretary, 811 G Street, N. W.

GEORGIA

A STATE COMMISSION was appointed by the governor in August, 1904, to "investigate the extent of tuberculosis in Georgia and means of stamping out the disease." This Commission consists of one physician from each congressional district and ten from the state at large. It will co-operate with the state board of health and also with the recently organized committee on tuberculosis of the State Medical Association. Its first meeting was held in Macon on October 19.

The Chairman of the State Commission is Dr. Charles Hicks, of Dublin.

THE STATE MEDICAL ASSOCIATION has recently appointed a Committee on the Prevention of Tuberculosis of its own members. Literature will be distributed and a tuberculosis exhibit is planned in connection with the next annual meeting of the Association in April, 1905.

The Secretary of this Committee is M. A. Clark, M. D., Macon, Georgia.

ILLINOIS

COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE VISITING NURSE ASSOCIATION OF CHICAGO (January, 1903):

Objects: To collect and file all information regarding tuberculosis in Chicago.

To educate individuals and the public at large about tuberculosis and its prevention by lectures, printed matter, press articles, and through assistants.

To attend to all tuberculosis cases applying for help or treatment at the district offices or in their homes, providing medical, nursing, and, to a very limited extent, material aid.

A Central Office is maintained at 1414 Unity Building, as an executive centre, library and record room.

Here a double card catalogue of all cases is kept. The first, filed alphabetically under the patient's name, gives the social

and house information in regard to cases under the care of the visiting nurse, the dispensary physicians, and other interested physicians. The second is a house catalogue, covering every street in the city, in which may be found the cases reported each week from the Health Department, the County Hospital and free dispensaries, as well as the Cook County Hospital for Consumptives. Maps and charts are on file, giving population, overcrowding and in certain wards the location of cases of tuberculosis.

A bibliography of current literature is kept up and twenty-seven journals relating to tuberculosis, public health, and hygiene, are on file.

Sputum is examined for the dispensaries through the generosity of the Columbus Medical Laboratory. Application for disinfection is made to the Health Department, and for removal of cases to the County Agent.

Lectures are given to various organizations in all parts of the city. The printed matter issued thus far consists of a Preliminary Report; a reprint of the set of articles published in the *Review of Reviews* for June, 1903, under the title, "New Hope for Consumptives"; directions to district physicians and nurses; and a paper on "Tuberculosis in the Jewish District of Chicago," by Dr. T. B. Sachs.

It is planned to distribute leaflets to patients, to placard lodging houses, to increase the efficiency of the dispensaries (see page 155), to open sanatoriums, and to secure an endowment fund for the support of these projects.

Communications should be addressed to Dr. Wm. A. Evans, Secretary, 1414 Unity Building, 79 Dearborn Street, Chicago.

COMMITTEE ON TUBERCULOSIS OF THE ILLINOIS STATE MEDICAL SOCIETY (May, 1904):

Object: To secure an appropriation from the legislature for the establishment of a state sanatorium for the care and cure of those suffering from tuberculosis.

This committee was appointed at the 1904 meeting of the State Medical Society. Work was begun promptly by the distribution of a circular on the nature of tuberculosis, which was largely quoted in the press of the state. As part of the program of educating the public mind to the point of establishing a

state sanatorium, a tent colony has been started at Ottawa. (For description see page 45.)

It is hoped that this project will prove to many who could not otherwise be convinced the correctness of the position that consumption can be cured as easily in Illinois as anywhere else. The support of eight hundred newspapers throughout the state is assured the Committee in its efforts for securing a state sanatorium.

Communications should be addressed to Dr. J. W. Pettit, Secretary, Ottawa, Ill.

INDIANA

THE ANTI-TUBERCULOSIS SOCIETY OF INDIANA (October, 1904):

At the close of a public lecture by Dr. S. A. Knopf this society was organized, with the primary object of securing the establishment of a state institution for the treatment of early cases of tuberculosis.

Communications should be addressed to Dr. Theodore Pctter, Secretary and Treasurer.

MARYLAND

THE TUBERCULOSIS COMMISSION OF MARYLAND. (Appointed by act of the legislature, April 8, 1902):

Object: "To investigate the prevalence, distribution and causes of human tuberculosis in the state of Maryland, to determine its relations to the public health and welfare, and to devise ways and means of restricting and controlling said disease."

In accordance with these instructions the Commission has undertaken a census of the tuberculous cases in Baltimore and the state at large; it has made a special study of the cost entailed by the disease in each case, on the individual, his family and the state, as well as of the influence of habits, occupation and housing conditions. A full account of the results of these investigations and legislative enactments relating to tuberculosis is contained in the recently published report to the governor of the state.

A Tuberculosis Exposition was held in Baltimore the week beginning January 25, 1904, under the joint auspices of the Commission and the Maryland Public Health Association. McCoy Hall, at Johns Hopkins University, was converted into a

museum, where, by charts, architects' plans, photographs, literature, models and other devices, the various kinds of anti-tuberculosis work in progress throughout the United States were displayed. Lectures on important phases of the subject were delivered by leading specialists. The hall was crowded with an enthusiastic audience at every lecture. Eminent physicians and sanitarians were in attendance from the principal cities of the United States and Canada, and it is probable that the total number of visitors during the week amounted to five thousand.

The Commission goes out of office by the expiration of the terms of its members in the fall of 1904. A new Commission was appointed by the governor in June, 1904, for a term of two years.

Communications should be addressed to Marshall Langton Price, M. D., Medical Officer, Charles Street and North Avenue, Baltimore.

MASSACHUSETTS

THE BOSTON ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS (1903):

Objects: To promote a careful study of conditions regarding tuberculosis in Boston; to educate public opinion as to the causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculous patients in their homes and by means of hospitals and sanatoriums.

In the period since its organization, over a year ago, the activities of the Association have included:

1. The collection of information in regard to more than 4,500 consumptives.
2. The distribution of 70,000 copies of a four-page leaflet called "A War upon Consumption," in the schools, at lectures, and elsewhere.
3. The arranging of about 80 lectures in different parts of the city—several in schools—to teachers, pupils, and parents.
4. The sending of 45 patients to the State Sanatorium, or other institutions, or the country, and the caring for others at home.
5. The rousing of interest in a project for a private hospital for advanced cases and a day sanatorium.
6. The beginning of an agitation for a municipal hospital.

7. Co-operation with trades unions, by supplying lecturers and literature on this subject.

8. An exposition somewhat similar to that in Baltimore.

In addition to a continuation of its work in these directions the plans for the future include:

1. A study of relations between tuberculosis and housing conditions, occupations, habits and diet.

2. Lectures, particularly to teachers, clergy, and others who will repeat what they hear. Distribution of pamphlets, and of a wall-card for shops telling the results of spitting in improper places. Agitation against such spitting.

3. Extended co-operation with the Board of Health in the removal of patients most likely to spread consumption. Particular attention to patients discharged from the Sanatorium.

4. An extension of the work among the trades unions.

Communications should be addressed to Alexander M. Wilson, General Secretary, 8 Beacon Street, Boston.

TUBERCULOSIS AID AND EDUCATION ASSOCIATION OF CAMBRIDGE (1903):

Objects: To cure, at home if possible, persons suffering with tuberculosis; to relieve with food, as far as possible, all needy tuberculous persons; to educate the entire community in the prevention and cure of this disease; to promote the establishment of hospitals for hopeless cases.

Under the auspices of the Association a public lecture has been given, at which the attendance was 400. Copies of papers written by medical experts and pamphlets descriptive of sanatoriums have been placed in the Public Library. Necessary diet and nursing are provided for needy cases reported by physicians.

The plans for the future include

(1) A continuation of the home care.

(2) Classes in medical gymnastics, under the direction of a physician.

(3) Lectures and the wide circulation of pamphlets in regard to proper nutrition, the value of sunshine and fresh air, exercise, and other subjects allied to the general one of healthful living.

Communications should be addressed to Miss Eda A. Woolson, Secretary, 277 Harvard Street, Cambridge.

THE SPRINGFIELD ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS was organized on November 21, 1904, with Dr. H. C. Emerson, 177 State Street, as president.

WORCESTER ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS (January, 1904) :

• Objects : "To help consumptives and protect the public."

In order to attain these objects the association is working for the better housing of the poor and for well ventilated, clean workshops, stores, and offices ; it is planning public addresses, conferences and printed directions for sick and well.

The Association supplies to poor consumptives, through the agency of the Associated Charities, food, clothing, and sputum cups. It assists with money those who would otherwise be unable to be admitted to the State Sanatorium, and is working for the establishment of a place where incurable cases can be cared for at a low rate of board. Dr. A. C. Getchell is the president.

Communications should be addressed to Earle Brown, Secretary, 314 Main Street, Worcester.

MINNESOTA

STATE TUBERCULOSIS COMMISSION :

The work of this Commission has consisted in securing the establishment of a state sanatorium. (See page 64.)

The Chairman is Dr. H. Longstreet Taylor, 75 Lowry Arcade, Saint Paul.

THE ANTI-TUBERCULOSIS COMMITTEE OF THE ASSOCIATED CHARITIES OF MINNEAPOLIS (December, 1903) :

Objects : To assist the tuberculous poor, and to instruct the people in general as to the prevention of the spread of the disease.

The work is carried on in conjunction with the local board of health and the dispensaries. Medical treatment is provided through the dispensaries for patients able to go to them. A special nurse has been engaged to visit the homes of poor consumptives in order to instruct them how to care for themselves and how to avoid infecting others, and to discover what is needed in the way of diet, disinfectants, and medicines. When the family is not able, financially, to procure these, they are

furnished through the Associated Charities. Sputum cups and simple printed information are distributed. The nurse keeps a record of local conditions and a history of the patient's progress.

Communications should be addressed to Edwin D. Solenberger, Secretary, 738 Boston Block, Minneapolis.

MISSOURI

THE ST. LOUIS SOCIETY FOR THE PREVENTION OF TUBERCULOSIS
(May, 1904):

Objects: To limit the disease; to promote education on the subject; to care for individual cases as far as possible.

Much care has been given to perfecting the organization of the society. The Executive Committee is a committee of the Civic Improvement League and there are several special committees, as follows:

Committee on Publicity, consisting of writers and the editors of the daily papers.

Committee on Inspection, which is made up of sanitarians and officers of the Health Department.

Committee of Physicians, on which are representatives of the various schools of medicine.

Committee on Consultation, composed of the managers of the principal charitable societies of the city.

By public meetings and newspaper articles much general interest has been aroused, and the society intends to carry on an energetic campaign. The plan of action includes the free distribution of leaflets, the enforcement of the anti-spitting ordinance, the organization of a system of inspection and of dispensaries in various parts of the city, a series of illustrated lectures, and the establishment of a sanatorium near the city.

Communications should be addressed to G. R. Blickhahn, Secretary, 21st and Locust Streets, Saint Louis.

NEW HAMPSHIRE

THE NEW HAMPSHIRE COMMISSION ON A STATE SANATORIUM FOR CONSUMPTIVES (Established by a joint resolution of the legislature in 1901):

A report was made to the governor in November, 1902, and a bill introduced to establish a state sanatorium. This bill

passed both branches of the legislature in the January session of 1903, but was vetoed by the governor as a "doubtful and questionable project." An attempt will doubtless be made in 1905 to carry through the project.

The Report of this Commission, printed at the Rumford Press, in Concord, New Hampshire, is an able presentation of the reasons why a state sanatorium is needed. By a change of figures and geographical names the entire argument becomes applicable to most of the states of the union, and should have a permanent place in the literature of the subject.

The Secretary of the Commission is Dr. Irving A. Watson, Concord.

NEW HAMPSHIRE SOCIETY FOR THE PREVENTION OF CONSUMPTION (1904):

Objects: The restriction and prevention of tuberculosis in the state.

This society was formed by several physicians. The membership, however, although it includes a large proportion of the physicians of the state, is not confined to them, and the object is to interest the public rather than the profession. Literature will be distributed and the public interest will be awakened through the press and by means of lectures. The movement for a state sanatorium, initiated by the New Hampshire Commission (see this page), will be encouraged and furthered in every possible way.

Communications should be addressed to Dr. H. T. Fontaine, Secretary, Pembroke Sanatorium, Concord.

NEW JERSEY

ANTI-TUBERCULOSIS COMMITTEE OF THE ORANGES (March, 1904):

Objects: 1. To disseminate information: *a.* to those suffering from the disease, as to best treatment and means of help; *b.* to those who come in contact with the disease, as to the prevention of its spread; *c.* to the public, as to the subject in general and its bearing on the social life of the community. 2. To secure the co-operation of physicians and nurses in fighting the disease and preventing its spread. 3. To enlist the co-

operation of the proper charitable agencies in those cases in which aid is needed.

The Committee's work thus far has resulted in the issue of a circular giving information for consumptives and those living with them; and in the organization, in co-operation with the Orange Memorial Hospital and the Visiting Nurses' Settlement, of a clinic for tuberculous patients. The services of the Diet Kitchen and other charitable organizations have been secured for particular cases in which there was special need; one public lecture has been given, and articles on the general subject have been contributed to the local press. The work will be carried on and developed in all these directions.

Communications should be addressed to Miss Louise R. Pierson, Secretary, 13 Hillyer Street, Orange.

NEW YORK

BINGHAMTON SOCIETY FOR THE PREVENTION AND CURE OF TUBERCULOSIS (May, 1904):

Objects: To maintain a sanatorium for the treatment of consumptives; to instruct the public in methods of prevention; to care for, in their homes, such poor consumptives as cannot properly be received in the sanatorium.

A site has been selected on a hilltop in the northeastern extremity of the city, and almost enough money has been subscribed for the buildings. It is hoped that patients can be received this winter. There has been some opposition to the erection of a sanatorium, on the part of interested land-owners, but it has done no more serious harm than somewhat to retard the progress.

Communications should be addressed to Charles W. Fetherolf, Secretary, 9 Lincoln Avenue, Binghamton.

TENEMENT AND TUBERCULOSIS COMMITTEE OF THE BUFFALO CHARITY ORGANIZATION SOCIETY (March 18, 1904):

Objects: The education of the public in regard to tuberculosis, and the relief of poor consumptives; the improvement of the housing of the poor.

Active work was begun on May 1 by the special agent of the committee. During the summer of 1904 most of the time has been given to tenement-house work. Upwards of thirty of

the worst tenement houses have been summarily vacated, and forty-one indictments against different owners are now before the grand jury.

On the tuberculosis side the work of the committee has so far consisted of the publication and distribution of many thousand copies, in English, Polish, Italian and German, of cards and pamphlets similar to those issued by the New York Charity Organization Society. The Department of Education has agreed to introduce the committee's literature into the curriculum of the public schools. Prizes of ten and five dollars have been offered in each high school for the best essay on the prevention of consumption. Several public meetings are planned for the winter.

Close co-operation has been established with the department of health, and the department has prepared an elaborate map of Buffalo, showing the location of each death from tuberculosis in the last five years. The committee has made a card index of all deaths from tuberculosis and of all living cases of tuberculosis reported to the health department for the last five years. These have been arranged by streets and house numbers, and all houses which show more than one case are reported to the health department for special fumigation.

Communications may be addressed to any one of the following: Dr. P. W. Van Peyma, Chairman, 445 William Street; Frederic Almy, Secretary, 165 Swan Street.

COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE CHARITY ORGANIZATION SOCIETY OF THE CITY OF NEW YORK (June, 1902):

Objects: 1. Research into the social aspects of tuberculosis. 2. Education in means of prevention and proper methods of cure. 3. The advancement of movements to provide special hospitals, sanatoriums and dispensaries for consumptive adults and for scrofulous and tuberculous children. 4. The encouragement of measures which, by improving the conditions of life, tend to decrease the prevalence of tuberculosis. 5. Co-operation with the municipal departments whose heads are members of the Committee and whose work, directly or indirectly, affects the conditions which determine the prevalence of tuberculosis.

The results of an investigation into the social aspects of the problem, with special reference to New York City, may be found in full in the *Handbook on the Prevention of Tuberculosis*, published by the Committee as its first annual report.

The education of the public in regard to the nature of the disease and the precautions which should be taken to prevent its spread has been undertaken by means of lectures and literature. The lectures during the first two seasons reached an aggregate audience of 20,000. They were delivered in a variety of places and in many different languages. Literature in as great variety has been distributed in large quantities through the city. A manifesto expressing the opinion of the committee in regard to "specifics" and "sure cures" has been widely circulated. The *Handbook* referred to above includes not only a review of the Committee's origin, scope, and methods of work, but also much of the material collected and prepared for lectures and for publication, and was issued in the hope that it would be of service to those organizing similar movements elsewhere.

A considerable part of the efforts of the Committee has been directed toward encouraging movements for increasing dispensary facilities and sanatorium accommodations, by helping to create a popular sentiment on the subject, by co-operation with the Department of Health and the Commissioner of Charities, and by attempts to influence legislation.

The Charity Organization Society, through its regular channels, secures relief for great numbers of persons suffering from tuberculosis, and consequently no direct relief work is done by it through this committee.

The Committee has attentively watched proposed legislation bearing on the health of tenement dwellers and has used all its influence against changes in the tenement-house law. It has also opposed a proposition which would have had the effect of decreasing the park area in the crowded districts and has done all that it could to secure the establishment of new playgrounds.

During the winter of 1904 the interest of the United Garment Workers of America and the Central Federated Union was aroused, with the result that these two influential labor unions promptly began a campaign among their own members. This feature of the Committee's work is capable of indefinite extension and holds promise of the most excellent results.

Communications should be addressed to Paul Kennaday, Secretary, 105 East 22d Street.

THE ROCHESTER PUBLIC HEALTH ASSOCIATION (1898):

Object: To promote sanitary reforms and to improve the public health.

In May, 1904, the Association undertook definite work for the prevention of tuberculosis, by opening a hospital for incipient cases (see page 102). As it was impracticable to provide at once suitable hospital accommodations for advanced cases, plans were made for treating them at home. For this purpose the services of a trained nurse have been secured and she began work on September 10. The nurse instructs the patient how to care for himself, and how to protect others by destroying the sputum. She provides sputum cups and paper napkins, and in certain cases milk and eggs. Printed literature on the subject of the prevention of the disease will be provided. The nurse will also provide for and oversee the cleaning and disinfecting of those houses from which tuberculous patients have moved, or in which they have died.

Communications should be addressed to Dr. M. E. Leary, 32 South Washington Street.

OHIO

THE STATE TUBERCULOSIS COMMISSION was appointed on September 16, 1902, under the authority of a joint resolution passed by the legislature in April of the same year, "to investigate and report upon the feasibility . . . of successfully treating persons suffering from tuberculosis, and especially consumption, in sanatoria located within the state of Ohio; also upon the desirability of establishing such institutions."

On April 30, 1903, the Commission presented to the Governor a report dealing with the causes of tuberculosis; its prevalence in Ohio; the economic loss resulting from it; the possibility of cure as demonstrated by the experience of German and American sanatoriums; a comparison of the climate of various points in Ohio, in regard to temperature, precipitation, and weather, with the climatic conditions under which successful sanatoriums are conducted; the probable cost and the desirable features of site and buildings; and the results of an inquiry sent to thirty experts in the treatment of consumption, in regard to the character of employment suitable for convalescents.

As a result of its investigation the Commission recommended and urged "the establishment of a sanatorium for the treatment

of tubercular patients on a scale sufficiently large to give this subject a fair trial, believing that the outcome will fully justify the expenditure required for such purpose."

The Commission went out of office on the presentation of its report.

J. Warren Smith, of Columbus, was the Secretary.

OHIO SOCIETY FOR THE PREVENTION OF TUBERCULOSIS (1902):

Object: To educate the public as to the causes of tuberculosis and the importance of preventing it.

Pamphlets have been distributed. A series of articles in regard to the cause, prevention, and cure of tuberculosis has been published in over three hundred daily and weekly newspapers of the state. The appointment of the State Commission which should determine the desirability and feasibility of sanatoriums in Ohio, was secured by this society.

It is planned to increase the membership of the society and to continue the educational work. A bill to establish a state sanatorium has been put through the legislature by the Society, a new Commission has been appointed to take charge of selecting a site and building the sanatorium, and \$35,000 has been appropriated to begin work.

Communications should be addressed to C. O. Probst, M. D., Secretary, Office of the State Board of Health, Columbus.

PENNSYLVANIA

PENNSYLVANIA SOCIETY FOR THE PREVENTION OF TUBERCULOSIS (Organized, 1892; incorporated, 1895):

- Objects: To prevent tuberculosis: 1. By promulgating the doctrine of the contagiousness of the disease. 2. By instructing the public in practical methods of avoidance and prevention. 3. By visiting the consumptive poor and supplying them with the necessary materials with which to protect themselves against the disease, and instructing them in their use. 4. By furnishing the consumptive poor with hospital treatment. 5. By co-operating with boards of health in such measures as they may adopt for the prevention of the disease. 6. By advocating the enactment of appropriate laws for the prevention of the disease.
- 7. By such other methods as the Society may from time to time adopt.

Since its organization this Society, the first of its kind in America, has contributed to the education of the public by printing and widely distributing six tracts and by holding popular lectures; it has taken charge of money to be applied for the support of poor consumptives in hospitals; it has been instrumental in securing the passage of an anti-expectoration ordinance applying to street cars and railroad offices, and improvement in methods of street-cleaning; it has used its influence to bring about special provision for the tuberculous patients in the Philadelphia Hospital, and to arouse public sentiment in favor of a state sanatorium; and it has encouraged the enforcement of pure-food laws by the Pennsylvania Dairy and Food Commission, a matter which affects consumptives indirectly but vitally.

It is planned to continue the educational work; to work for appropriations for several state camps on the forestry reservations similar to the one at Mont Alto, described on page 119; and to assist the Philadelphia Department of Public Safety, in every possible way, in its endeavor to secure registration of cases of tuberculosis and in its work for better sanitary conditions, whether in streets, factories, shops, or dwellings.

The offices of the Society are in the Academy of Natural Sciences, of which Dr. Samuel G. Dixon is President, and which is located at Nineteenth and Race Streets, Philadelphia.

Communications should be addressed either to the President, Dr. Howard S. Anders, 1836 Wallace Street, or to the Secretary, Dr. Lewis Brinton, 1423 Spruce Street.

THE HENRY PHIPPS INSTITUTE FOR THE STUDY, TREATMENT, AND PREVENTION OF TUBERCULOSIS (Founded February, 1903), 238 Pine Street, Philadelphia:

The objects of the Henry Phipps Institute are explicitly stated in its name. It is endowed by Mr. Henry Phipps, of Pittsburg. Dr. Lawrence F. Flick is the medical director, and Dr. Mazyck P. Ravenel is his assistant.

The Institute maintains a hospital for advanced cases, a free clinic, and a laboratory for research, all of which are described below. During the winter of 1903-4 a series of lectures was held, open to the public, and given by specialists of world-wide reputation. Further arrangements for popular lectures and other educational work are being made, and it is planned to

develop the facilities for research, as well as to extend the work of treatment that has been organized in the first year of the Institute's existence.

THE HOSPITAL, 238 Pine Street.

For destitute persons in an advanced stage of tuberculosis; if applicants are able to pay anything they are referred to some suitable place.

Capacity: 52.

There are no charges.

Six physicians are on duty in the Hospital.

The present temporary quarters will be exchanged as soon as possible for buildings better adapted to the work. A training school for nurses is maintained.

THE DISPENSARY, also at 238 Pine Street.

Exclusively for the treatment of tuberculosis.

Daily: 11 A. M. to 5 P. M.

There are no charges.

The physicians in charge of the clinic number sixteen, working under the general supervision of the medical director of the Institute.

In the course of the first year 2,040 cases were treated. Two nurses are employed for inspection of homes, "to see what the patients are doing and give further instructions." Milk is provided at the patient's home when the physician sees fit. Each patient receives verbal, as well as printed instructions. The latter are given in two forms, a folder for the pocket and a large card to hang in the living-room. Sputum cups also are supplied, and Japanese napkins.

THE LABORATORY, also at 238 Pine Street.

The laboratory is equipped for original research. The entire medical staff works in the laboratory, under the direction of Dr. M. P. Ravenel, Assistant Medical Director and Bacteriologist. There are also pathological, laryngological, neurological, and dermatological departments connected with the Institute.

Applications for admission to the Hospital and inquiries in regard to any part of the work of the Institute should be addressed to Dr. Lawrence F. Flick, Medical Director, 238 Pine Street, Philadelphia.

In READING the organization of a society for the care of poor consumptives is now being completed.

THE SCRANTON SOCIETY FOR THE PREVENTION AND CURE OF CONSUMPTION (Incorporated January 26, 1903):

Objects: To provide facilities for the treatment of the consumptives of Scranton, whether in a sanatorium or at a dispensary or in their homes; and to educate the public by circulars and newspaper articles.

At the first meeting after the organization of this society it was decided that the most pressing needs in Scranton were (1) a place where a poor consumptive would have a chance for life, and (2) the prevention of the spread of infection. The Dispensary and Visiting Nurse system (see page 167) were established at once, and work for a sanatorium was begun. In the first year \$17,000 was contributed for the work of the society. Within seven months from the date of organization a farm had been bought and a sanatorium building completed (see page 128).

The Visiting Nurses care for destitute consumptives too ill to go to the Dispensary, as well as for Dispensary cases needing special attention. They see that sanitary rules are carried out while the patient lives and that the rooms are properly disinfected after a death.

A four-page leaflet, called "The Struggle Against Consumption," is published quarterly by the society, for the purpose of keeping contributors and others interested informed in regard to the progress of the work.

Communications should be addressed to Dr. J. M. Wainwright, 627 Linden Street.

RHODE ISLAND

NEWPORT ASSOCIATION FOR THE RELIEF, CONTROL, AND PREVENTION OF TUBERCULOSIS (March, 1904):

Objects: The relief of tuberculosis in all its forms and relations. 2. The dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis. 3. The encouragement of means of prevention and scientific treatment of tuberculosis.

The work of the Association is in charge of the following committees: Finance Committee, Dispensary Committee, Milk Committee, Committee on Sputum Cups; on Education, Lectures, etc.; on Relief and Care, on Clinic and Hygiene; and a Committee to inform the teachers and the pupils in public and parochial schools regarding the prevention and spread of tuberculosis.

The work has been begun by placing cards regarding spitting in the cars and other public places, by distributing widely a leaflet explaining the "platform" of the Association, and by arranging a public lecture on the subject by Dr. Henry Barton Jacobs. The Committee on Relief and Care has sent to each physician in the city a letter stating its willingness to care for any needy case, with assurances that the physician's instructions will be explicitly followed. All patients in need are furnished by the Association with proper nourishment, as prescribed by the physician. Sputum cups for the room and pocket cuspidors are supplied to all patients. Money is now being subscribed for a temporary sanatorium and for home care.

The Dispensary Committee, consisting of five physicians, examines all patients coming under the charge of the Association. If the Committee decides that the case is a hopeful one the patient, if willing, is sent to the camp at Pine Ridge, or, if arrangements can be made, to some sanatorium.

Preparations are being made for lectures to the teachers and pupils of the public and parochial schools, and one lecture has been given to the teachers, by Dr. Jacobs.

Communications should be addressed to Christopher Easton, Secretary.

VERMONT

STATE TUBERCULOSIS COMMISSION (Appointed January 1, 1903):

Objects: To investigate the prevalence of tuberculosis in Vermont, and to recommend such measures as may seem advisable to control the disease; also to submit to the legislature of 1904 plans and suggestions for the location, etc., of a state sanatorium, if such institution should seem desirable.

Numerous meetings have been held with the various county medical societies, in order to enlist the support of the medical profession; important sanatoriums have been visited; the statistics of deaths from tuberculosis and the climatic characteristics of the state have been studied.

It is planned to hold public meetings in all the larger towns of the state, with the object of interesting the people in general in the project of a state sanatorium. A report covering the whole subject will be made to the legislature in 1904.

Communications should be addressed to Dr. H. Edwin Lewis, Secretary, Burlington.

VERMONT SOCIETY FOR THE STUDY AND PREVENTION OF TUBERCULOSIS (Organized September, 1902) :

Objects: To encourage the study of tuberculosis in its medical, municipal, and sanitary aspects; to assist in the establishment and maintenance of a state sanatorium for consumptives; to disseminate literature and proper information concerning the prevention of tuberculosis and to support all public measures tending to control and limit the spread of the disease."

Inquiries should be addressed to Dr. H. E. Lewis, Burlington.

WISCONSIN

STATE TUBERCULOSIS COMMISSION (Appointed May, 1903) :

Objects: To investigate the prevalence of tuberculosis in the state and to report to the legislature of 1904 in regard to the desirability of establishing a sanatorium for the treatment of the disease, with recommendations as to a site.

Statistical data as to the prevalence and distribution of the disease in Wisconsin are being collected. A report showing the need of establishing a sanatorium is to be presented to the legislature. An eligible site for its location will be recommended by the Commission, after studying the conditions which should be considered in making such selection.

Inquiries should be addressed to H. L. Russell, Secretary, University of Wisconsin, Madison.

CANADA

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF CONSUMPTION AND OTHER FORMS OF TUBERCULOSIS (April, 1901):

Object: "To prevent the prevalence of consumption and other forms of tuberculosis in Canada:

- "(1) By enlisting the co-operation of the people generally with the medical profession, and by increasing the interest in means for lessening the ravages of the disease;
- "(2) By investigating into the prevalence of tuberculosis in Canada and by collecting and publishing useful information;
- "(3) By advocating the enactment of appropriate laws for the prevention of the disease;
- "(4) By co-operating with governments and other organizations in measures adopted for the prevention of the disease;
- "(5) By promoting the organization and work of Provincial Associations and their affiliation with the Canadian Association;
- "(6) By encouraging all concerned to provide suitable accommodation for consumptives, in hospitals, sanatoria, and otherwise;
- "(7) By such other methods as the Association may from time to time adopt."

Since its organization the Association has put into circulation 1,250,000 pages of literature relating to the cause and prevention of tuberculosis, and lectures have been given by the secretary in about seventy-five towns and cities. Provincial associations, and associations in cities and towns located in provinces in which there is no general organization, are affiliated with the Canadian Association. The affiliated organizations include the Ontario League, the Montreal League, and the St. Francis District League, the Toronto Anti-Consumption League, and the British Columbia Association for the Prevention and Treatment of Consumption.

It is planned to continue the work for all objects on an increasingly large scale, as the liberality of the government and of private contributors permits.

Communications should be addressed to the secretary, Rev. William Moore, D. D., 128 Wellington Street, Ottawa, Ontario.

THE BRITISH COLUMBIA SOCIETY FOR THE PREVENTION OF
TUBERCULOSIS (Organized February, 1904):

Object: To secure the establishment of sanatoriums.

Several local societies have been formed throughout the province, and appeals for support, both moral and financial, have been widely published.

Communications should be addressed to Dr. C. J. Fagan, Secretary Provincial Board of Health, Victoria.

THE MONTREAL LEAGUE FOR THE PREVENTION OF TUBERCULOSIS, 691 Dorchester Street (December, 1902):

Objects: To educate the public upon the most simple methods for preventing the ravages of tuberculosis; to establish, as soon as possible, a home for the incurable cases of the disease, and a sanatorium or sanatoriums for the hopeful cases; pending the establishment of these institutions, to care for indigent cases in their own homes, in co-operation with the city board of health; to disinfect every house in which a death from tuberculosis has occurred.

During the year ending June, 1904, 200 cases were cared for, 1,300 visits were paid by the inspector, 8,000 cuspidors were distributed, and 30 patients were supported at institutions and given various other forms of assistance. In the course of the seven months between March 1 and October 1, 1904, 359 disinfections were made. Every house in which a death from tuberculosis occurs is visited and formalin disinfection is urged upon the occupant. In nearly all cases the advice is acted upon. A special dispensary for the treatment of tuberculosis has been opened (see page 159).

It is to be hoped that shacks and barracks may soon be erected, near the city, where patients in all stages of the disease can be treated.

Communications should be addressed to the Honorary Secretary, 691 Dorchester Street, Montreal.

THE DISTRICT OF ST. FRANCIS LEAGUE FOR THE PREVENTION OF TUBERCULOSIS (Organized July, 1903):

Object: To prevent the spread of tuberculosis, by enlisting the co-operation of the public, by rendering assistance to indigent consumptives, and by promoting desirable legislation.

Local societies have been formed in each city and town in the district, the chairman of each being a member of the executive committee of the district league. A lecture tour of the district has been made by the secretary of the Canadian Association, in the course of which 10,000 leaflets were distributed. Lectures have been given by physicians on Sunday afternoons in all of the churches and on week days to advanced classes in the public schools and colleges.

As a preliminary step toward establishing a free dispensary for consumptives arrangements have been made for two physicians to act as examining and treating physicians for two months at a time. These physicians give their services free to indigent patients. A laboratory is established, where sputum is examined, and where X-ray examinations are made.

It is planned to secure the passage of an anti-expectoration law, and to arouse public sentiment for a sanatorium for the consumptives of the eastern townships of Quebec.

Communications should be addressed to the secretary, Dr. E. J. Williams, Sherbrooke, Quebec.

THE ANTI-CONSUMPTION LEAGUE OF TORONTO (1889):

Object: To secure a municipal sanatorium for the treatment of consumption.

The efforts of this League have been devoted to arousing public interest in the establishment of a sanatorium. Through its efforts provincial legislation was secured in 1900 in the form of an act permitting any municipality to establish such a sanatorium and providing that grants may be made from the revenues of the province to the amount of \$4,000 for construction and a per capita allowance of \$1.50 per week for maintenance. The question of an appropriation of \$50,000 by the city was submitted to the people in January, 1904, and approved by a majority of 403 votes, but the appropriation has not yet been made. The League continues its agitation.

Communications should be addressed to E. J. Barrick, M. D., President, 60 Bond Street.

INDEX

TO SANATORIUMS, HOSPITALS AND CAMPS, CLASSIFIED
ACCORDING TO CLASS OF PATIENTS
RECEIVED AND CHARGES,

AND

SUMMARY

OF EXISTING PROVISIONS FOR THE TREATMENT AND
THE PREVENTION OF TUBERCULOSIS IN THE
UNITED STATES AND CANADA

INDEX.

SANATORIUMS, HOSPITALS AND CAMPS, CLASSIFIED AC- CORDING TO CLASS OF PATIENTS RECEIVED AND CHARGES

Some institutions are necessarily indexed in more than one class.

*Denotes a general hospital, with a separate building, tents, or wards, for tuberculosis.

I. All stages of pulmonary tuberculosis received.

PAGE

a. Free.

1.	Colorado: Jewish Consumptives' Relief Society, Denver.	35
*2.	District of Columbia: Washington Asylum Hospital....	42
*3.	Florida: Naval Hospital, Pensacola	42
*4.	Hawaii: Home for Incurables, Honolulu.	43
5.	Illinois: Cook Co. Hospital for Consumptives, Dunning.	45
6.	Indiana: St. Rochus Hospital, Ft. Wayne.	46
7.	Maryland: City Hospital for Consumptives, Baltimore..	50
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9.	" Channing Home, Boston.....	57
10.	" Free Home for Consumptives, Boston..	59
*11.	" House of the Good Samaritan, Boston..	59
*12.	" State Hospital, Tewkesbury.....	62
*13.	Michigan: Wayne County House, Eloise.....	64
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*19.	" " Kings County Hospital, Brooklyn.....	85
*20.	" " St. Peter's Hospital, Brooklyn.....	86
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*22.	" " Westchester County Hospital, East View..	87
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*26.	" " Lincoln Hospital, ^a New York City.....	98
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28.	" Tuberculosis Sanatorium, Cleveland.....	115
*29.	" Miami Valley Hospital, Dayton.....	117
*30.	Pennsylvania: General Hospital, Philadelphia.....	121
31.	" Hospital for Diseases of the Lungs, Phila- delphia	121
32.	Pennsylvania: House of Mercy, Philadelphia.....	122
33.	" Lucien Moss Home, "	124
34.	" Tuberculosis Hospital, Pittsburg.....	126

a. A few pay patients are received.

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*36. Texas: Sisters' Hospital, El Paso.....	136
*37. Washington: King County Hospital, Seattle.....	137
<i>b.</i> Charges not more than \$10 per week.	
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2. Colorado: The Home, Denver.....	33
*3. Hawaii: Home for Incurables, Honolulu.....	43
4. Maryland: Hospital for Consumptives of Maryland, Towson.....	51
*5. New Jersey: Memorial Hospital, Orange.....	69
6. Pennsylvania: Mt. Jefferson Sanatorium, Lansford.....	118
7. " West Mountain Sanatorium, Scranton...	128
*8. Rhode Island: St. Joseph's Hospital, Providence.....	133
<i>c.</i> Charges over \$10 per week.	
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*2. " St. Mary's Hospital, ^b Tucson.....	16
3. California: Esperanza, Altadena.....	17
*4. Colorado: Glockner Sanitarium, ^c Colorado Springs.....	27
5. " The Home, Denver.....	33
6. Missouri: Mt. St. Rose Sanatorium, ^{b c} St. Louis.....	67
7. New Mexico: St. Joseph Sanatorium, Albuquerque.....	69
8. " " St. Anthony's Sanitarium, ^c E. Las Vegas.	71
*9. " " St. Vincent Sanitarium, ^c Santa Fé.....	75
10. New York: Seton Hospital, New York City.....	95
11. " " Rumenapp Cottage, ^c Saranac Lake.....	108
*12. North Carolina: St. Joseph Sanitarium, Asheville.....	109
13. Pennsylvania: Rush Hospital, ^c Philadelphia.....	124
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4. New York: Montefiore Country Sanitarium, Bedford Station.....	84
5. New York: Loomis Sanatorium, Annex, Liberty.....	91
6. " " Sanatorium Gabriels, Paul Smith's.....	102
*7. " " All Saints' Home, Verbank.....	108
8. Ohio: Western Hill Hospital, Price Hill.....	117
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12. " " Muskoka Free Hospital, Gravenhurst, Ont.....	143
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a. A few pay patients are received. *b.* A few patients received free of charge. *c.* A few patients received at less than \$10.

b. Charges not more than \$10 per week.

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2. California: Health Camp, ^b Indio.....	18
3. " Barlow Sanatorium, ^b Los Angeles.....	19
4. Colorado: Emma Booth Tucker Memorial Sanatorium, ^b Amity.....	25
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6. " Association Health Farm, Denver.....	30
7. " Resthaven, Morrison.....	37
8. Connecticut: Gaylord Farm Sanatorium, Wallingford...	41
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11. Massachusetts: State Sanatorium, Rutland.....	53
12. " Sharon Sanatorium, Sharon.....	62
13. Minnesota: State Sanatorium, Walker.....	64
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17. " " Loomis Sanatorium, Annex, Liberty.	91
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1. Arizona: Palm Lodge, Phoenix.....	15
2. California: Mentone Sanatorium, Mentone.....	21
3. " Pottenger Sanatorium, Monrovia.....	23
4. Colorado: Nordrach Ranch, Colorado Springs.....	27
5. " Foxhall, Denver.....	33
6. Connecticut: Dr. Brooks' Sanatorium, New Canaan....	39
7. Illinois: St. Ann's Sanitarium, ^c Chicago.....	43
8. Iowa: Boulder Lodge Sanatorium, Ft. Dodge.....	47
9. Massachusetts: Millet Sanatorium, E. Bridgewater....	60
10. " Rutland Cottages, Rutland.....	61
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12. New Hampshire: Pembroke Sanatorium, Pembroke....	68
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b. A few patients received free of charge.

c. A few patients received at less than \$10.

d. Shelter and fuel free.

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16. New York: Springside Sanitarium, Auburn.....	83
17. " " Loomis Sanatorium, Liberty.....	91
18. " " Sanatorium Gabriels, ^c Paul Smith's.....	102
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24. Pennsylvania: Private Tent Camp, Greentown.....	118
25. " " Private Sanatorium, Mont Alto.....	119
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27. Vermont: Champlain Open Air Sanitarium, S. Hero....	137
28. Wisconsin: Evergreen Park Cottage Sanatorium, Lake Nebagamon.....	138
29. Canada: Muskoka Cottage Sanatorium, Gravenhurst, Ont.	141
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5. " " St. Joseph's Hospital, New York City.....	96
6. Pennsylvania: Henry Phipps Institute, Hospital, Phila- delphia.....	121
7. Canada: Free Hospital, Toronto.....	145
<i>b.</i> Charges not more than \$10 per week.	
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3. " " Reception Cottage, Saranac Lake.....	107
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b. A few patients received free of charge. *c.* A few patients received at \$10 per week or less.

**SUMMARY OF EXISTING PROVISIONS FOR THE TREATMENT AND PREVENTION OF TUBERCULOSIS IN THE UNITED STATES AND CANADA.
(INSTITUTIONS NEARING COMPLETION ARE INCLUDED.)**

State.	SANATORIUMS, HOSPITALS AND CAMPS.										SPECIAL DISPENSARIES.		Hospitals for the insane with special provision for consumptives.	Prisons with special provision for consumptives.	Associations for the prevention of tuberculosis.		
	ALL STAGES RECEIVED. NUMBER OF BEDS.		FOR EARLY CASES EXCLUSIVELY OR CHIEFLY. NUMBER OF BEDS.				FOR ADVANCED CASES EXCLUSIVELY OR CHIEFLY. NUMBER OF BEDS.				For non-pulmonary tuberculosis in children.	Total number of beds for all cases.				Number.	
	Free.	Not more than \$10 per week.	Over \$10 per week.	Free.	Not more than \$10 per week.	Over \$10 per week.	Free.	Not more than \$10 per week.	Over \$10 per week.	Estimated number of patients treated per year.						Number.	
Arizona.....			50		25	30					105				2		
California.....		17	50		115	70					258						
Colorado.....	12	40	140		235	50					625				1		
Connecticut.....					30	24					54	1	6				
Delaware.....																	
District of Columbia.....	34																
Florida.....	50										34	1	c		1		
Georgia.....											50						
Hawaii.....																	
Idaho.....	8	16			40	113					24						
Illinois.....	560				15		26				36				2		
Indiana.....	10										15				1		
Iowa.....						15											
Kentucky.....																	
Louisiana.....																	
Maine.....					6												
Maryland.....	135				24						30				1		
Massachusetts.....	333				271	20	40	30			715	1	c		4		
Michigan.....											30						
Minnesota.....	30				a	18					18a	2	100		2		
Mississippi.....																	
Missouri.....	34		65												1		
New Hampshire.....															2		
New Jersey.....		18			100	35					90				1		
New Mexico.....	590										35						
New York.....	1,216	39	30	193	412	188	359	35			118	1	c				
North Carolina.....			25		12	118					2,508	7	4,500	5	4		
Ohio.....	198			10							155						
Pennsylvania.....	327	49	90	100	38	67	52				228				3		
Rhode Island.....	40	24		160							723	3	2,550		2		
South Carolina.....											224	1	250	1	1		
Texas.....											15						
Vermont.....	50				25						75						
Virginia.....						30					30				2		
Washington.....																	
Wisconsin.....	* 15										15				1		
Wyoming.....											12						
Canada.....					8	91	50				242	1	c		5		
Total, United States and Canada.....	3,042	104	549	505	1,570	1,203	527	65	12		8,306	32 ^e	9,075	15	7		

^{*a*} The state sanatorium, for which a site is already secured, cannot be included because the capacity is not yet decided upon. ^{*b*} No figures available. ^{*c*} Recently opened. ^{*d*} These are the 11 district offices in the Tuberculosis Committee's system in Chicago. ^{*e*} See note *d*. ^{*f*} To which should be added the National Association for the Study and Prevention of Tuberculosis, not appearing in the table.

A HANDBOOK ON THE PREVENTION OF TUBERCULOSIS

ISSUED BY THE

Committee on the Prevention of Tuberculosis of the New York Charity Organization Society

CONTRIBUTORS

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S. A. KNOPF, M. D.,	JAMES ALEXANDER MILLER, M. D.,	CHARLES H. JOHNSON.

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The Outlook.

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